

# THE CALIFORNIA MEDICAL JOURNAL.

H. T. WEBSTER, M. D., EDITOR.

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The Board of Examiners of the Eclectic Medical Society of California will meet throughout the year regularly at 4 o'clock P. M., on the second Thursday of each month, at the office of Geo. G. Gere, M. D., Secretary, 112 Grant Avenue, San Francisco.

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## A FEW WORDS FOR THE CAUSE.

BY K.

THREE years ago the Eclectics of Southwestern Missouri united in forming a local society. By the work of the various ones it was a success, and now the Missouri State Society is to be its guest. When the call was sent out for the preliminary meeting of the Eclectic men of the southwestern part of the State, one of the earnest ones—who, I believe, signed "Medicus" in the *Chicago Medical Times*—said that it was the desire of each to assist the other. For instance, if Medicus had patients or acquaintances leaving his town to settle near an Eclectic he would recommend them to go to such, if in need of medical assistance. This would be a good example for all our men to follow, whether members of a society or not. Look at the *Homeopathic Journal of Health* and you will see the names of hundreds of that school, their street, number, town, county, and State. As this journal passes into the hands of the masses, our friends of the little pills become known to all readers, in a genteel yet searching manner. The



people reason that if this and that disease can be cured by homeopathic treatment by some man at a distance, it would hold good that doctor so and so, whose name appears in the journal, and can be easily consulted, could do equally as well. Doctor so and so is henceforth known, and the chances are ten to one he will be consulted when a physician is wanted. This is all right, they have faith in their principles and are not afraid to make them known. The very faith they show inspires those that they come in contact with. Our brethren of this practice want business which begets money, which begets bread, influence, and what not? If there is anything that we want as a school let's ask for it. To those that ask it shall be given—if these are not the words, they contain the gist of the original.

These friends of ours in Missouri asked for a society, backing the words by action, and now they are able to be host. That is not all; they are in a condition right now to ask for more. As individuals they are looked upon, and justly so, as better physicians than their neighbors who are not members of a society.

As a body, we are burdened by a few men of influence with our adherents who are delicate about taking a firm and advanced position; they are a little under the cloud of old-school ethics, especially that part of the code making it immodest to proclaim our principles. We are here for something, and, like one of our Congressmen, it is time to ask, "If not for the offices—the good things of this world—what in hades are we here for?" There are those who suck their thumbs to curry favor with members of the old school who are their intimate friends. In doing this they make a mistake. Judging from observation, a medical man is in good standing with all outside "ics" in proportion as he is a gentleman and a competent practitioner. They ask no fawning, as it belittles the fawner. In a straight out-and-out fight for spoils, they may show us no mercy, but, knowing this beforehand, none should be expected.

This recalls an instance that happened in one of the large cities of Missouri, to a graduate of the Cincinnati Medical Institute, and as it will in a measure bear out that which has been said, it will fit in here; but, it not being necessary to give names, none



shall be given. Dr. X had battled for his share of the bread allotted to the medical profession until sore and tired; having been beaten, he decided to desert our forces and be numbered as one of the elect. To do this he took office with a friend of the old school and matriculated at a regular college. After attending two courses of lectures, and, as I was informed by one of the faculty, passing all examination, he was asked to withdraw his name, so as to prevent trouble arising among the members of the faculty, as it was impossible to get him through, owing to the disagreement existing in the faculty as to the propriety of conferring the title of M. D. upon one who had practiced as an Eclectic. The action of the faculty was very disappointing to Dr. X, yet I for one could not feel for him. He asked for the regulation bolus and it was administered. In a conversation with the doctor, he told me that as Eclectics were so in the minority and without an organization he thought his step was the proper one for him, as it was to lead to a position of honor. Certain friends had promised him the appointment of physician in one of the city hospitals if the stigma of "Eclectic" could be removed. Whether the doctor was ever able to accomplish the undertaking or not is more than I can tell, for, having learned his desire to cover himself, as did the animal in the fable, we parted company.

In this case if there had been a society of Eclectics to assist the doctor I believe he would have been able to secure the position. Had the doctor worked as hard to organize the scattered ones of his school as he did to enter into the good graces of the old school, he would not have suffered the humiliation that was heaped upon him. Dr. X was a man who would have added dignity to any body of men, but was too good a fellow to take a firm stand for school dignity. Thus we lose many good men, but it is to be hoped that this loss is to be stopped. A few of the causes leading to our losses have been given, and more are at hand.

If Eclectics lose numbers it is no fault of Eclectic principles of practice; but I am pleased to see that steps are being taken to remedy the evils that have existed.

The action of the California society, authorizing certain mem-



bers to prepare articles setting forth Eclectic principles, is one that ought to receive the hearty support of the school on the slope. Now, then, if the society would encourage the members at San Francisco to in some manner get a hold upon a good hospital, I believe it would be done. It might necessitate some tall rustling, but when men start out to do a thing, and are backed by a sound organization, there is hardly limit to the amount of work that may be accomplished. Let us hope this for the Eclectic Society of Southwestern Missouri.

### GELSEMINUM IN CHOREA.

BY E. R. WATERHOUSE, M. D., ST. LOUIS, MO.

I HAVE often stated to my students that I regarded gelseminum as being the most important remedy in the entire materia medica. I base my statement upon the fact that there is no other drug that will fulfill so many important conditions. We may get several distinct actions from the same drug, according to the size of the dose, and the condition of the patient. Many practitioners believe that they know all that is to be known regarding such a common remedy as this, but will be surprised at the many unrecorded uses that they will find for it, by giving it their close attention for a period of a year's time.

Within the last two years I have entirely cured several of the most aggravated cases of chorea that I have ever seen, with gelseminum, and the cure was accomplished in about thirty days in each instance. In September, 1888, Benny L., aged twelve years, was brought to the college for treatment. The history of the case was that the boy had been healthy up to his sixth year, when he was severely sick with diphtheria, chorea following the subsidence of the diphtheria, and for the following six years it remained about the same, in spite of continual treatment from "regular" physicians, a dozen or more of whom were employed. I prescribed  $\text{℥ss}$  specific gelseminum, to be taken in doses of  $\text{gtt. ij}$ , four times a day. Within thirty days the boy was well.

CASE II.—This case was a bright little fellow of eleven years.



Had been a victim of chorea for over a year, was under treatment in this city for some time, when he was taken to Philadelphia and put under the treatment of a physician of world-wide reputation, for six months, and at a fee of \$1,500. Under his treatment the boy improved to some extent, and was brought back to this city, but within a week after returning was as bad as ever. He came into my hands on June 3, 1889, about a month after his return from the East. He was not able to stand alone, to articulate understandingly, or to feed himself. I gave him a vial of homeopathic globules No. 60, each globule having absorbed a single drop of tincture of gelseminum, by putting them in a shallow dish, and applying the tincture with an ordinary medicine dropper. Of this I directed that he take two of the pellets before each meal, and one at bed-time. He was brought to my office four times, the last call being on July 5, when I discharged him as being entirely well, he having taken about one drachm of gelseminum. I have seen him often since that time, and there has not been the slightest symptom of the trouble manifest.

An old-school physician who prescribed the remedy upon the recommendation of one of our students, reports that he tried it and it did not cure his patient. Said he did not believe in the small doses, but gave the remedy in doses of ten drops; said it made his patient weak, and did harm. Just so. He failed because the remedy was given in relaxing doses. The old rule that "if a little is good, a larger amount must be better," will not work in medicine. Still it is my opinion that Gabriel's trumpet will rouse McGinty before these little seven-by-nine fellows, that are too regular to counsel with Eclectics, learn this important lesson.

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### FERRUM—IRON.

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BY JOHN FEARN, M. D.

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THAT iron exists in the blood is matter of general agreement; as to how and in what form it exists, investigators are not so much a unit. Since it forms a necessary portion of the red corpuscles, we come to the conclusion that it is not merely a medi-



cine but that it is also a food. Many articles of food contain iron in small quantities, so that in the normal condition of the body, with perfect digestion and assimilation, the iron supply in the body is unconsciously kept up. When, however, from any cause, assimilation of this article is deficient, or losses take place by hemorrhage, the normal amount of iron in the body is lowered, we get a condition of things known as "anæmia." Under these circumstances the circulating fluid contains but few red disks. It is this condition, anæmia, which is the leading indication for the use of iron. To the general practitioner who believes in the use of iron, there are three considerations of importance: 1. What preparations of iron shall we use? 2. In what doses shall we give iron? 3. What results may we expect to get from the use of iron.

First, then, what preparations of iron shall we use? I think the different preparations of iron are far more numerous than they really need be. A few well-tried preparations are better than a multiplicity, which only lead to confusion. Monsel's powder or ferri subsulphatis is a valuable styptic, and is used solely as a styptic and astringent. Beyond this, Quevenne's, or iron bi-hydrogen, ferri sulphas, ferri sulphas exsiccatus, ferri citras, and ferri et ammonii citras, ferri phosphas, ferri et potassii tartras, and ferri ferrocyanide, will give the physician abundance of choice for the powder and scale preparations for internal use. To which we may add ammonio ferric alum, a fine astringent wash, in atonic leucorrhea, etc.

For liquid preparations we need not go outside tincture ferri chloridi and Howe's acid solution of iron for internal use. Dialyzed iron in my opinion is one of the poorest of the iron preparations. The above, with the addition of ferri oxidum hydratum as an antidote in arsenical poisoning, will give the physician a field so extensive from which he can choose that he need not go outside it. The second question is, In what doses shall we give iron? And here I wish to place myself on record as being against giving large doses of iron. When we consider that the body in a state of health gets a sufficiency of iron from the almost infinitesimal proportions found in our daily food, we shall have



some idea of dosage with this material. When we remember that when iron is given in the usual doses, only a very small portion is absorbed, the rest being converted into tannates and sulphurets, and escaping with the fæces, giving them their black color, we shall be prepared to form some idea of how small a dose is needed.

In many cases the chalybeate waters will be sufficient; in all cases we should be prepared to give the minimum rather than the maximum dose, remembering that what is not absorbed is so much irritant to be got rid of. While the powders may be given in pill form, I am persuaded the powder is better. The scales may be given in solution. The *tr. ferri chloridi* as well as Howe's acid solution are best taken in plenty of water. It does away with danger of irritation and damage to either teeth or stomach.

In the last place, what results do we expect to get from the use of iron. The great indication for the use of this remedy is anæmia. There are cases of this kind where iron gives rise to severe headache. It will be found that most of these cases are complicated with constipation and stomach trouble, and if we attend to this the iron can usually be taken.

During the last four years I have had several severe cases of anæmia full under my care after drugging had failed and iron could not be borne. After relieving the irritable stomach, realizing the need of iron, also relief from constipation, they were put upon capsules compounded as follows:—

R Aloes pulv.

Myrrh pulv.

Ferri sulphas exsic.

Fel bovis, āā grs. x. M. fiat pillulæ No. x.

Sig.—One pill after supper. This was all the iron given, and it answered a most excellent purpose. The constipation was relieved, the appetite improved, and the color steadily came back.

But the intelligent physician expects to do more than relieve anæmia by the administration of iron. Iron acts as a stimulating and bracing tonic on the relaxed mucous membrane of the digestive canal. We must not forget that anæmia is dependent, not on the scanty supply of, but the scanty assimilation of, iron.



Hence while treating these cases and putting confidence in the drug, baths, fresh air, exercise, and proper food must be insisted on. The astringent and tonic effects of this drug are frequently very manifest in the profuse secretion of chronic bronchial catarrh, the secretion being lessened, and the patient's condition much improved. In leucorrhea, with atonic conditions and flaccid vaginal walls, give iron by mouth, using ammonio ferric alum per injection. In cases of long standing gleet, with atonic condition of genitalia, cold baths, and the internal use of small doses of iron and tincture of cantharides, is an old treatment, but, nevertheless, a very good one. In varicose ulcers it is a necessary part of a successful treatment to give iron, and none better than Howe's acid solution. In conclusion, let us remember that the conditions calling for iron are atonic conditions, not conditions of irritation, with the possible exception of *tr. ferri chloridi* in erysipelas. Give iron wisely and in small or medium doses, and it will not disappoint you.

### CASE OF LACERATED SCROTUM.

BY R. A. HASBROUCK, M. D., SALT LAKE CITY, UTAH.

JOHN SMITH, not an uncommon name, age forty, occupation drayman, when not under the influence of whisky, general health good; or he could not have made a success as an imbibor of red liquor.

This man was brought to me sober, but with the right testicle hanging down, and outside the scrotum, about ten inches. John fell upon an iron dray pin as he was unloading a sewing-machine. The pin caught him by the clothing over the scrotum, and in falling head foremost from the drag his weight crowded the pin through the clothes into the scrotum, tearing it open and stretching it out until it looked long enough to tan for a side of sole leather. The cord and testicle were denuded completely, but remained intact. The left side of the scrotum was uninjured.

There was a fair amount of blood-flow. Some parts of the scrotum that were too badly lacerated were removed, the threads of cloth were picked out, and as a stitch in time saves nine,



John was treated to eight sutures, that number being required to bring the elongated scrotum around the cord and testicle.

Then the entire scrotum was strapped with surgeon's adhesive plaster, each strip drawing up the bag to its full power.

When this was done the injured member was slung in a suspensory, and John was taken home. There he was put to bed and the wound dressed with cold water, as was the internal surface of his stomach, much to his protest.

In four days the straps and sutures were removed, when new straps were applied. Ten days from date of the injury John walked three miles, the distance to my office. Fifteen days from the first the parts were healed so as to hardly show a trace of the wound.

From the second day there was no pain in the parts, never any pus.

Referring to "Holmes' Surgery; Its Principles and Practice," page 247, "Injuries of the Perineum and Male Organs," we read: "All such wounds are to be treated on general principles. They are remarkably prone to rapid union and complete repair. It is singular to observe how completely the new tissue will cover the exposed testicles, and how well the cicatrix will replace the lacerated and removed scrotum." In the above case cold-water dressing was all the treatment. John suffered none, but I did the loss of my fees, for Mr. Smith departed for a new field of labor and overlooked my services.

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## SOME RECENT ADDITIONS TO THE MATERIA MEDICA.

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CONTRIBUTED BY PARKE, DAVIS & CO.

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AMONG the new drugs which Messrs. Parke, Davis & Co. announce they can supply are the following:—

COCILLANA (Guarea, species undetermined).—Synonym, *sycocarpus rusbyi*, britton; part employed, the bark; natural order, anacardiaceæ; habitat, Bolivia; properties, expectorant, tonic,



laxative. This new remedy possesses a sphere of influence on the respiratory organs somewhat similar to ipecac, but said to be "superior in certain diseases of the air passages in which the latter is often used."—*Dr. D. D. Stewart, in Medical News, Aug. 24, 1889.*

Besides its excellence as an expectorant, clinical experience has also established the fact that it exerts a tonic influence upon the appetite, and that it reduces the night-sweats of chronic bronchitis and phthisis. Cocillana also gives promise of usefulness as a laxative. Dose: 10 to 30 minims. (0.6 to 2 c. c.)

ESCHSCHOLTZIA (*Eschscholtzia Californica*, Cham).—Synonym, California poppy; part employed, the whole plant; natural order, papaveraceæ; habitat, California; properties, "an excellent soporific and analgesic, and above all harmless."

Recent analysis claims to have discovered the presence of a minute quantity of morphine in the plant. The quantity contained, however, is not sufficient to account for all the therapeutic effects, and further chemical investigation promises to isolate another active principle which may better explain its action.

The drug is a very useful anodyne in certain cases. The inconveniences attributed to the use of opium, such as stomach disturbance, constipation, etc., have not in any case been observed in its use. It may with advantage replace opium preparations for children. Fluid extract of the plant. Dose: 15 to 30 minims. (1 to 2 c. c.)

JATROPHA (*Jatropha Macrorhiza*, Benth).—Synonyms, jicama, jicomia, span; part employed, the root; natural order, euphorbiaceæ; habitat, Northern Mexico and Southern States adjoining; properties, alterative and cholagogue; in larger doses, hydro-cathartic and sometimes emetic. *Jatropha macrorhiza*, a household remedy of the Mexicans, has been recently recommended for use in this country by Dr. A. H. Noon, on account of its comparative tastelessness, the slight taste the drug possesses being compared to that of the sweet-potato. It has been suggested that as an addition to non-cathartic, but otherwise astringent, mixtures its use could not be otherwise than valuable. Clinical experience will doubtless develop other and more specific indications.



for its employment. Fluid extract of the root. Dose:  $\frac{1}{2}$  to 2 fluidrachms. (2 to 3 c. c.)

**ECHINACEA** (*Echinacea Angustifolia*, d. c.)—Synonym black Sampson; part employed, the root; natural order, compositæ; habitat, Western United States; properties, very strong claims have been recently made for this drug as an alterative of great value in all strumous and syphilitic indications. Old chronic wounds, such as fever-sores, old ulcers, etc., have yielded to its use after resisting potassium iodide, sarsaparilla, yellowdock, etc. It is also stated to be an infallible remedy in the treatment of blood-poisoning, of snake bites, and as a prophylactic and also curative agent in hydrophobia. Fluid extract of the root. Dose:  $\frac{1}{4}$  to  $\frac{1}{2}$  fluidrachm. (1 to 2 c. c.)

**HYDRASTININE**.—A new derivative of hydrastine; a possible substitute for ergot. This substance, an oxidation product of hydrastine, white alkaloid of golden seal, has recently been prepared by us in order to afford opportunities for physiological investigation in European laboratories, prominent among which are those of the Universities of Dorpat and Berlin. It can be obtained from hydrastine by the action of various oxidizing agents, and though the original methods were attended with considerable waste, improvements in this respect are constantly being made. So far, the most troublesome element is encountered in its purification and crystallization. The reaction taking place in its production may be illustrated thus:—

Hydrastine,  $C^{21} H^{21} NO^6$ . Hydrastinine,  $C^{11} H^{11} NO^2$ .  
Opianic acid,  $C^{10} H^{10} O^5$ .

The alkaloid, or base, being sparingly soluble, and, moreover, rather prone to decomposition when in solution, we have given preference to the hydrochlorate, as possessing the desirable elements of stability and solubility in aqueous fluids.

Recent advices from the highest European authorities represent it to be of immeasurable service in controlling uterine hemorrhages, far surpassing ergot in efficiency, certainty of action, and safety.

**BROOM-CORN SEED** (*Andropogon Sorghum*, Brot).—Synonyms, sorghum, saccharatum, pers., s. vulgare, pers; part employed, the



seed; natural order, gramineæ; habitat, sub-tropical distribution; extensively cultivated; properties, diuretic, sedative, demulcent, and soothing to the irritated urinary organs in vesical catarrh, cystitis, and irritable bladder. In the aged who are compelled to rise frequently at night to void their urine, it has produced great relief. It must not be confounded with broom-top or scoparius. Dose of fluid extract of the seeds: 1 fluidrachm (4 c. c.) three to five times daily.

Among other products this house has recently introduced, may be mentioned the following:—

Compound sulphur lozenges, acetanilid tablets, soluble elastic capsules of quinine muriate.

They are headquarters also for selected pressed herbs, which they guarantee to be superior to any others in the market.

QUININE (in la grippe).—Among the agents that have been used for the cure of the influenza, quinine has perhaps been administered in the majority of cases, and the consequence has been an unusually large demand for the drug. This will bring out all the old stock of pills in the hands of druggists, and naturally much that is unfit for use.

In this contingency, those purchasing or prescribing pills or capsules of quinine should see to it that they get those easily soluble, so that they can get the benefit expected from this valuable antiperiodic and tonic.

In this contingency Messrs. Parke, Davis & Co. state that they guarantee the quality and solubility of their capsules and oval sugar-coated pills of quinine, sulphate, and muriate. They have made a special study of solubility in these products, and invite a critical comparison of the pills made by their new processes, without needle-holes, which they of all manufacturers alone employ.



## CORRESPONDENCE.

SALT LAKE CITY, Utah, Feb. 6, 1890.

EDITOR CALIFORNIA MEDICAL JOURNAL—*Dear Sir and Doctor:* Please allow me to call the attention of the readers of the JOURNAL to an error that is noticeable in the February number, and one that we are all liable to make, as it is an every-day habit. In the article, "What is Eclectic Medicine?" by H. T. Webster, M. D., the word "Thomson," is spelled "Thompson," and the derivatives of the word are also wrong, as they contain the letter "p." Turning to the editorial pages, there is a quotation from the *Eclectic Medical Journal*, in which Professor Howe is credited with a like error.

Lying before me as I write, is Samuel Thomson's work, published in 1832, and in no part of the work is the name spelled with a "p." The spelling the word in error is more an oversight than a mistake, as we are all acquainted with the correct way. Therefore it is necessary that we take care that it is not made too often. In proof-reading, one will allow this word to go unnoticed in the most of cases. Respectfully yours,

R. A. HASBROUCK.

P. S. I will take back a part of the above. In glancing over the work mentioned, on page ten, the name is spelled "Thompon," though it must be an error of the proof-reader or compositor. In the copyright notice the name is Thomson.

[We find Dr. Hasbrouck correct, and thank him for calling our attention to the error before the stereotype plates were made for the article referred to, and also apologize to Professor Howe for the misquotation. We will hereafter endeavor to spell the reformer's name Thomson, properly.—ED.]

SALT LAKE CITY, Utah, Feb. 21, 1890.

H. T. WEBSTER, M. D.—*Dear Sir and Doctor:* As an item of interest to the readers of the JOURNAL, I will say that the allopaths have introduced two bills into the Territorial Legislature, one similar to the Colorado bill; the other, and the one that they are now working for, is a fac-simile of the Minnesota bill. They have the ear of the committee to the exclusion of others, judging from the fact that the chairman informed me that they would recognize no school(?); therefore coming as I did, an Eclectic, the gods would not listen to my prayer. But for all this the chance for passing either bill is very poor, as three-fifths of the men practicing medicine in the Territory are non-graduates of medicine, and are consequently opposed to legislation of this kind.

I am respectfully yours,

R. A. HASBROUCK.



## SELECTIONS.

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### SOME CLINICAL ASPECTS OF VOMITING.

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SOME two years ago the writer's notice was forcibly called to this subject by the occurrence of some interesting cases, the nature of which it was difficult to determine, and since then both in his own personal and consulting work, cases have been observed the true solution of which would have been entirely overlooked had not the manifold causes of vomiting been considered. The conviction has grown upon him that renewed discussion of the subject would not be out of place.

At the risk of repeating what has been said before, in order to keep before us a comprehensive view of the subject, the mechanism of vomiting will be recalled in as brief a manner as possible, a statement of its many varieties presented, and some clinical aspects of the varieties discussed.

**MECHANISM OF VOMITING.**—The act of vomiting is due to the simultaneous contraction of the diaphragm and the abdominal muscles, and at the same time to closure of the pylorus, and relaxation of the cardiac end of the stomach, as well as the esophagus. The act is a reflex one, and the center which presides over this involuntary act is seated in the medulla, intimately connected with the respiratory center. From this center motor impulses are sent to the muscles concerned in the act of vomiting, and to the stomach and esophagus. The afferent nerves which excite this center to action come from every organ of the body, while impressions are conducted to it from the brain itself or its membranes, near the seat of disease, from central ganglia excited by emotion, or from the organs of special sense.

**CAUSES OF VARIETIES.**—*First*—Causes which stimulate the center directly, independent of organic disease of the brain, as in cases of toxemia, including uremia, septicemia, chronic metallic poisoning, as by arsenic or antimony, the initial stages of fevers, aggravated often by the coexisting gastritis, possibly sewer-gas poisoning, carbonic-acid poisoning, including that form seen in certain stages of cardiac and pulmonary disease, poisoning by



various foods, ethers, alcohols, alkaloids, and gases. In this manner, too, vomiting occurs from those central disturbances of the circulation which are seen after violent fits of coughing, or of dyspnea.

*Second*—Causes acting centrally, in one sense, which are associated with organic disease about the center, or in its vicinity, as cerebral tumor, apoplexy, abscess or inflammation, or with similar disease of other parts of the brain or its membranes. Strictly speaking, the latter are as properly termed reflex as causes, the origin of which is found in some distant organ of the body. In point of fact, vomiting is not usually seen in cerebral disease except in meningitis, and then, indeed, it may be toxic, or in disease of that portion of the brain adjacent to, or in most intimate relation with, the center, as in the medulla, or in the cerebellum, the middle lobe of which is in direct and intimate connection with the vomiting center. Of course certain forms of cerebral disease derange the organs of special senses, as in the choked disc of hydrocephalus, etc., and so from this condition, secondarily, vomiting is induced.

*Third*—Causes due to derangements of the organs of special senses, either organic or functional; offense to the sense of taste or smell readily produces vomiting in many individuals. Time will not permit a discussion of the relation of ear affections to this symptom, or of its intimacy with the derangements of equilibrium produced by affections of the semi-circular canals; while regarding eye affections, it would take an entire section on ophthalmology to exhaust this part of the subject.

*Fourth*—Causes in which vomiting is excited by impulses transmitted from various organs of the body by their associate afferent nerves—pharyngeal branches of the glosso-pharyngeal, pulmonary branches of the vagus, gastric branches of the vagus, gastric branches of the splanchnic, hepatic branches of the splanchnic, renal mesenteric, uterine, ovarian, and vesical nerves.

An attack of vomiting, therefore, is due to one of a large number of causes, yet one must bear in mind that it often is the only one symptom, or the only one of importance, of many widely



diverse affections. An acute attack of vomiting, of reflex origin, may continue for days before other symptoms of the causal disease develop—at least prominently. We want to insist, therefore, that on account of the presence of this symptom we must not be content with believing the stomach is the seat of the disease. We must look beyond that and examine every organ and function of the body.

SOME CLINICAL ASPECTS OF VOMITING.—We judge of the nature of an attack of vomiting by a consideration of the duration of the period of vomiting, by the time of the day of its occurrence, by its relation to the functions of the stomach, and by the character of the ejecta, while a more definite notion is acquired by a consideration of the age, the habits, and the occupation of the patient, and the character of food used by him strictly the methods of taking nutriment, as well as by a study of the organs and functions of the body. Of matters so familiar, the writer will not indulge in discussion, except a word regarding morning vomiting. In certain well-known conditions, as pregnancy, alcoholic catarrh or gastritis, the gastritis that attends chronic Bright's disease, the occurrence of vomiting at this period of the day is so well recognized that it has been called "morning vomiting or sickness." But the causal conditions can well be extended, and the writer particularly insists that with a sub-acute naso-pharyngeal catarrh morning vomiting is of frequent occurrence, and for patent reasons, yet is often not recognized, for the consultation is held in the after part of the day, when the naso-pharyngeal symptoms are in abeyance, and the vomiting alone is complained of. Persons sleeping in an ill-ventilated room constantly, particularly if exposed to the emanations from a sewer, are also liable to morning vomiting. Then, just as in pregnancy, so in chronic uterine or ovarian irritation, morning vomiting is most liable to occur. In the latter instance local treatment, along with the bromides, soon allays this disastrous symptom—corroborative proof of its origin.

SPECIAL FORMS OF VOMITING.—It is more particularly in the consideration of a few special forms of vomiting that the writer desires to emphasize some clinical aspects of this affection, and



first with regard to the vomiting that attends apoplexy. Abercrombie, in his masterly dissertation on apoplexy, lays stress upon the occurrence of this symptom, and states that it is attended by the usual signs of relaxation, pallid face, cold sweat, thready pulse, and cold extremities, that attend vomiting. Fagge is inclined to support him in this. The writer has referred to the relationship of these phenomena before, and in the cases he has seen the opposite condition has existed, *i. e.*, the nausea and vomiting are attended with sthenic symptoms, full, strong pulse, hot head, flushed face, and warm extremities. Only recently a lady, aged 70, became paralyzed, first in the right leg, then in the right arm, then in the right half of the face. Nausea and vomiting attended the attack, which began in the night, followed in the succeeding night by coma, and in forty-eight hours more by death. The sthenic phenomena above indicated were most marked. There was no gastric cause for the vomiting. It is sufficient to invoke the central irritation by the clot as the causal agency of the attack. No doubt vomiting, with its characteristic phenomena of collapse, caused by indigestion, sometimes occurs antecedent to an attack of apoplexy, and in such cases the cerebral hemorrhage may with justice be considered to be caused by the efforts at vomiting, as has been frequently indicated. And again the vomiting, of central origin, may occur when digestion is at its height, and closely simulate a simple attack of indigestion. It is often almost impossible to discriminate. The age of the patient renders one wary, and the important practical fact should always be kept in mind, that no matter how apparently simple an attack of vomiting is, in a patient over 50 its import may be most grave. In fine, the writer submits:—

(a) That sudden vomiting occurring in the aged, painless, with or without nausea, with no evidence of indigestion or acute gastritis, the ejecta composed of mucus, or a watery fluid, is generally one of the first symptoms of cerebral hemorrhage.

(b) Such vomiting is not attended by the usual symptoms of relaxation, but the sthenic efforts which usually attend apoplexy are present.



(c) If the usual collapse symptoms just indicated occur in a person of the age noted, the affection is more likely to be of uremic origin.

(d) If the respiration is altered in rhythm, or is of normal frequency, or slowed, because of the intimate relation of the center for vomiting, and the pneumogastric center, the cause is more likely a central hemorrhage. Hurried breathing attends vomiting from other causes.

(e) The occurrence of vertigo is not of special significance, as it attends the vomiting from many causes.

(f) The prognosis is always grave in these cases. In fact, causeless vomiting in the aged, neither of gastric nor of uremic origin, is invariably considered of grave omen by the writer.

HABIT VOMITING.—Independent of organic disease, usually in females, with or without menstrual disorder, we sometimes see vomiting occur without any cause. Sometimes the food is rejected in the midst of a meal, and again at odd intervals. There is no possible esophageal spasm, and the food is not regurgitated. One patient was kept well nourished, and yet vomited along the street and at other odd places considerable quantities of food. Rest, massage, and diet cured her entirely. Another would vomit in the midst of eating, and not a morsel could be retained. The esophageal bougie, with remarks as to its wonderful powers, soon cured her. Cases of this character have been noted by a number of observers. It is said to be catching in the sense that so-called habit chorea is contagious. It can readily be distinguished from hysterical vomiting, the attendant features of which are well known. Nor does it belong to the cases which are included under the general term—gastric neurasthenia.

In a former paper the writer referred to the occurrence of reflex vomiting from disease of the prostate gland, from uterine disease, and from ovarian disorders. In the latter forms at times nausea predominates and at other times vomiting. The symptoms may not point to an affection of the generative organs, but are often of a more general character—the type of which is seen on the one hand in neurasthenia and on the other in hysteria. Such nausea and vomiting are almost always in the morn-



ing, and, in the absence of alcoholism, or Bright's disease, when occurring in a female, is most suggestive of distant irritation. In some cases it is attended with gnawing, or sinking, or a hollow sensation in the epigastrium, and in others, in addition, with morning diarrhea. Often the latter symptom replaces the former for a time. A moderate amount of emaciation and much loss of strength ensues, while anemia always accompanies it.

Recently the writer has had under his care a case which properly belongs to the examples of gastric neurasthenia which have lately engaged the attention of many clinicians.

The patient, a single lady, æt. 36, of education and refinement, had during her life considerable care, and received several profound shocks on account of sudden deaths in her family. The past two years she has been losing ground. Her appetite lessened, her strength diminished, her weight gradually fell. She became unable to preform her household duties, and to entertain any company without prostration. Formerly self-possessed, she lost all control of her emotions, and would burst into tears on the slightest provocation.

When the writer saw her the above general conditions were present, and menstruation had been absent three months. Her gastric symptoms were as follows: Poor appetite, flatulent dyspepsia, gnawing pains before eating, with sinking or hollow sensations in the epigastrium. Vomiting was frequent, rarely occasioned by food, but always by fatigue or fasting.

An hour at the piano, a half hour entertaining friends, a carriage ride that possibly was a little exciting, would always be followed by vomiting. The most persistent vomiting occurred in the morning about 4 A. M. This always took place, no matter how the previous day had been spent. Awakened by epigastric pain, in a half hour an acid fluid would be vomited, the act being followed by prostration, which soon gave way to a restless nap of an hour. No organic disease could be found.

Rest, without massage (for the patient could not take the slightest and most delicate manipulation by an experienced masseuse without extreme prostration, fall of temperature and vomiting), and a mixed diet of easily-digested food, frequently



administered, gradually restored her to health. Large doses of nux vomica, the writer believes, contributed very largely to her improvement. Before the drug was given but little change could be seen, but as the dose was increased from ten to twenty and then to thirty drops thrice daily, and later an increase of five drops every third day to sixty, improvement could be seen.

The peculiar vomiting of peritonitis need not be referred to again, and only hurriedly will your attention be called to some cases which the writer has seen, the nature of which has not been ascertained.

Of these a most common form is the vomiting of early phthisis, and in two instances a pneumonia was treated for acute gastritis on account of the presence of vomiting.

An acute attack of nausea, vomiting and vertigo, attended a large aural polypus which had, by some change of position, suddenly been placed in such relation with the inner ear as to produce the symptoms just noted. Pain was absent entirely, and attention was not called to the ear on account of the old deafness and tinnitus, due to middle-ear disease, both symptoms having antedated the vertigo and vomiting. Removal of the polypus alone relieved the symptoms. Such causes are well known, but this case puzzled us for a few days.

Intractable vomiting sometimes occurs in cases of biliary calculi, often no other symptom, save epigastric pain, being present during the first twenty-four or forty-eight hours. The vomiting of intestinal obstruction and internal hernia are well known, and in all cases their possibility should be remembered.

The vomiting of chronic metallic poisoning, of sewer-gas poison, and of various drugs, must be borne in mind. Too often, we find, are drugs the source of vomiting, the physician forgetting the idiosyncrasies of many individuals in this respect. One case can be recalled which the writer had seen that presented the most extreme exhaustion on account of persistent vomiting. The attending physician overlooked the possible causal influence of opium suppositories, which were given for another complaint. When they were withheld the vomiting ceased.

So in the light of anyone's large experience, doubtless case



after case of vomiting, the origin of which is obscure, but which does not pertain to the stomach, could be cited. And the corollary of all this is, that in all cases of vomiting, the gastric cause of which is not patent, and in all cases which persist in spite of treatment, the golden rule in medicine should be followed, and every organ and every function interrogated to elicit the true cause.—*J. H. Musser, M. D., in University Magazine.*

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### A SUMMER VACATION.

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THE warm sun and sultry air of August found me slowly rallying from a sickness of three months, two-thirds of the time within my room, looking upon no faces save those of my family and the attending physicians, a portion of the time so near the boundless ocean of eternity that my ears were filled with the sound of rushing waters, and my eyes and senses dim and dull with those mists which ever hang around the ebbing tide of life. With returning strength of brain and limb came the earnest desire for the rest, which it seemed to me could only come with a change of scene, a change of surroundings, something to dispel the memory of the past, with its horrors and its nightmare gloom. A plan to which I had looked forward for years with the hope of being some day able to consummate, suddenly took form and shape, and the 5th of August found me with my wife and daughter on the limited train of the New York Central, rushing westward with all the speed of steam, and almost with as much ease and comfort as if seated on my own piazza. Life seemed coming back to me as our palace home carried us swiftly through the glorious Mohawk Valley, with its ever-varying scenes of beauty and agricultural wealth, and when, in the evening, after one short day's ride, I stepped from the car into the pure fresh air, vibrating with the roar of the waters of the great lakes as they plunged over the precipice of Niagara, physical weakness seemed forgotten in the glorious life of the present.

The two days at Chicago, the beautiful city of the West,



drinking in the beauty of its parks, its elegant homes, the rushing tide of life through its thronged business streets, the night ride to St. Paul, in which our train was entered by a robber, and a number of passengers relieved of their money at the cry of "Hold up your hands" and a pressure of a pistol at the temples, the two days at St. Paul and Minneapolis, all were so full of life, of ever-changing incident and interest, that when we entered the train of the great Northern Pacific for our long trip across the continent, we seemed to have taken our seat on the magic carpet of the "Arabian Nights," to be borne on the wings of magic through the wonderland before us. And as the train rushed on over the rich prairies, stretching away as far as the eye could reach on every side, through the farms of thousands of acres, the reapers cutting down the golden grain and binding it in bundles, the banks of plows driven by steam turning up the rich dark soil, the great herds of cattle, we were tired with gazing and yet unable to withdraw our eyes, for we felt we were indeed passing through the granary of the world.

We had forgotten hunger in the feast to the eye everywhere around us when we were aroused by the call of the steward to dinner. Dinner served, while we were riding at the rate of twenty-five miles an hour, in an elegant dining-car, running so smoothly that there was but little motion, with food as well cooked, and the service of the tables as complete as at the best restaurant in the East, is one of the luxuries of traveling which now attends the traveler from the Atlantic to the Pacific. As our train speeds on, the rich farms give place to barren plains and hills, upon which can be seen only the sage and the bunch-grass, and occasionally a herd of cattle on some of the great ranches. But this apparent arid waste only lasts for a little while, when we enter what seems to be a vast city, silent as the grave, its fortresses, its temples, its cathedrals, its turreted walls, and monuments of every form and size, grand, massive, beautiful in structure as if they were the conceptions of the ablest architects and reared by the most skilled labor. We are passing through the so-called "Bad Lands," so named by the Jesuit missionaries because it was difficult to find their way



through what seemed to be a labyrinth of streets, and over crumbling ruins of vast walls and towering monuments, wrought not by the hands of men but by the forces of nature. As the shades of night drive us to our beds we are still passing through this castellated and templed land, more wonderful than those carved by men along the Nile or in India, but as morning dawns we see the clear blue waters of the Yellowstone, and know we are approaching the world's wonder, the great National Yellowstone Park

By nine o'clock of the second morning we have reached Livingston, and have started on a branch road which runs fifty miles to the entrance of the park. At Livingston we pass into the hands of the Park Association, who, for forty dollars, take charge of us for five days, including all expenses. The hotels are so arranged that the hundred and fifty miles through the park give convenient stopping-places and comfortable beds and meals. Each day's travel averages about thirty miles, giving full time to visit, without fatigue, the wonders of this wonderland of the world. From the time we pass through the golden gate, worthy, from its grandeur and beauty, to be the gate-way of the world of wonders which burst upon us at every mile of our progress, until we return from our hundred and fifty miles' journey, the interest never flags. But the trip is a tiresome and tedious one, nevertheless, and likely to exhaust the invalid, who would otherwise derive so much benefit. The roads, owing to the small appropriations obtained from the government, are generally bad, and so dusty as to detract materially from the pleasure of the tourist. When we take into consideration that this is our only national park, that it contains more of the wonders of nature, more of scientific interest and instruction, than can be found in any part of the world, and that it might be made not only an unequalled sanitarium for the invalid and for those needing rest from the cares of life, but a school for instruction such as can be found nowhere in the world, and a pleasure-ground for all, we feel that the government, with its overflowing treasury and national pride, should appropriate *now* a million of dollars for improvements, which would open the park to the whole people, instead of confining it as it is now to the few.



The improvements in electric cars are now so great that they have no difficulty in climbing heavy grades and turning sharp curves. A road winding through the park, upon which could run electric motors and light observation cars, would make the trip one of great ease and thorough enjoyment. If there should be an objection to a road of this kind, a macadamized road could easily be made, piped the whole distance, and thoroughly watered at all times, which would make traveling as easy and delightful as over the hard, smooth roads of our parks. These improvements, if made at once, would make the park one of the most popular places in the world, and be in ample time for the throngs of people who will flock to our shores to the World's Fair in 1892.

Two nights and two days from Livingston and our car glides into the depot of Tacoma, that city of wealth and enterprise, where seven years ago scarcely a house existed, but where now are seen large hotels, beautiful churches, banks and stores, which compare well with our Eastern cities, elegant residences, the homes of comfort and refinement, and a busy population of thirty thousand people. Standing on the broad piazza of the Tacoma our eyes wander over a scene of marvelous beauty and grandeur. In the immediate foreground are the deep blue waters of Puget Sound, along whose eastern boundary extends a long strip of rich, fertile land up to the foot-hills of the Cascade Mountains, which bound the eastern horizon, and from the center of which is clearly seen the dome-like head of Mount Tacoma, rising fourteen thousand four hundred feet above the surrounding country. The grandeur and beauty of this mountain, crowned with eternal snow and ice, as it rises in the clear, pure air, so cold and white, until the sun draws near the western horizon, when the dazzling white slowly changes, as the mountain becomes bathed in the light of the setting sun, to a beautiful pale pink, deepening in color as the sun descends below the horizon, until at last it seems hung in mid-heavens, a crown of glittering gold! But the ocean steamer at the wharf is calling us with its last bell for our over three thousand miles' trip through these deep inland waters up towards the Arctic Circle. Never



did water look so blue or skies so beautiful as those of Puget Sound that bright morning. In a few hours we were at Seattle, the city arising as if by magic from its bed of fire. A few hours more and Port Townsend rises before us, standing guard to our commerce at the entrance of the Straits of St. Juan del Fuca, leading out to the ocean, rivaling in its rapid development Tacoma and Seattle, and confident it is to be the metropolitan city of the Pacific. A stop at Victoria, on the other side of the straits, the capital of British Columbia, and our prow is turned northward into the vast wilderness of British Columbia and Alaska, up towards the Arctic Circle, up towards the land of the midnight sun. As we pass through these inland seas and narrow channels, untouched by the swell of the ocean, save for about fifty miles, into the deep bays hemmed in by the mountains, gliding in and out among the ten thousand islands, some miles in length and others not an acre in size, but all clothed with the dark green fir down to the water's edge, the ever-unfolding panorama is one of beauty and grandeur no pen can describe, no language paint. Miles and miles our course is through channels not more than one hundred yards across, running through precipitous mountain ranges, the tops at times streaked with great patches of snow, while the sides, down to the very base, are green with rich vegetation and dark with the mountain fir set thick together, their straight trunks and beautifully-branching limbs rising to the height of from one to two hundred feet. The bank of the channel seemed composed of a wall of solid masonry, the stones laid one upon another with all the skill of the trained mechanic. The deep steely color of the water shows its great depth. In the center it is sometimes 2,700 feet deep, while a plummet dropped from the shore would fall from one hundred and fifty to two hundred feet. By and by the narrow stream widens into a bay, dotted with bright emerald islands, between which, and in the opening of the mountain ranges, other mountains can be seen rising one above another till the glistening snow-covered tops fade away in the pure deep blue of the heavens. Every few miles are seen little streams like threads of silver running down the mountain-side thousands of feet. Occasionally we catch the roar of a



larger stream, the outlet of a lake as it dashes in foam and spray down the precipitous mountains to mingle with the deep blue waters of the channel.

For hundreds of miles we have seen no signs of human life or civilization, except here and there an Indian boat gliding over the deep waters, or, in some mountain-locked bay, a cannery with its cluster of little Indian houses. The canning of salmon is one of the great industries of Alaska. The canneries are situated near the mouth of some river or the outlet of a lake, up which the salmon pass in shoals to deposit their spawn. As they return, the stream and the bay are so alive with them that they are caught by millions, and often tossed into the boat or onto the shore with the hand. The output of the canneries for Alaska alone during the past year is 500,000 cases, each case containing forty-eight one-pound cans, and worth at the cannery five dollars a case. Everywhere are signs of the rich abundance of animal life. The woods are filled with game, the sea-gull darts into the water for its prey, the bald eagle screams above us, the wild duck and goose are seen on every water, and along the shores we hear the whir of the plover, the grouse, and the partridge, the black whale spouts, and the salmon springs into the air, the deer swim rapidly through the water from island to island, all reveling in their life of freedom and plenty.

In the very heart of the Sitkan Archipelago, surrounded by scenes of marvelous beauty, the clear, calm waters of its deep bay landlocked by mountains and snow peaks, we come in contact, at Fort Wrangle—founded in 1834 by Baron Wrangle, then governor of Russian America—for the first time with the manners, customs and home life of the Alaskan Indian. He is, as seen either in his wild or semi-civilized condition, small of stature, evidently of Mongolian origin, and bearing in features and temperament unmistakable traces of his Japanese ancestry. Unlike the North American Indian, he is industrious and ingenious in mechanical construction and design. It is not uncommon for the Japanese junk disabled on the ocean to drift along the great Japanese Gulf Stream, whose warm current tempers our north-western coast, and to be driven on our shores. Captain George,



the intelligent pilot of the steamer *Elder*, in the twenty years he has been upon the coast, can count more than a dozen of these junks, with their complement of seamen, wrecked upon the Alaskan coast. The island communication stretches from one coast almost to Japan, and the passage across Behring Strait is so short as to admit of free communication from one continent to the other.

The Indian tradition of the creation of the world makes all life come from the raven. After he had created the world he made man out of a stone, but as this material would live forever he destroyed him and made him out of a leaf. Before making man he made woman out of a strawberry blossom, making her supreme as the representative of the crow family, while man, created last, is the head of the wolf, or warrior family. From them sprang the sub-families of the whale, the bear, the eagle, the beaver and the fox. The raven was originally white. He had an uncle who was the maker of the water. The raven went to him, and while the uncle was asleep, filled his stomach and beak with water, and then attempted to escape through the chimney. The uncle, waking, built a fire and smoked the raven black, who, as he flew away, dropped the water from his beak, making the seas and oceans. Property descends on the mother's side, and children always bear the tribal name of the mother.

Alaska in territory forms a sixth of the entire domain of the United States, and San Francisco is east of the central line between our extreme eastern and western boundary. The population of Alaska is about 49,850, of which there are whites, 6,500; half breeds, 1,900; alutes, 2,950; natives partly educated, 3,500; natives uncivilized, 35,000. The problem, what is to become of the Alaskan Indian, is one to which the attention of our government should be seriously directed. Within the past twenty years the native population has diminished one-half, swept away by the hardships of their lives, their dissolute and licentious habits, and the ravages of disease, sometimes of the most disgusting form; in a few years more they will as a race have passed away, unless the government adopts some radical method in their behalf. Very few old people are seen among them, the ex-



posure in infancy and childhood sowing the seeds of consumption, which carries them off in large numbers before they have reached middle age. Epidemic diseases, from the entire lack of all sanitary regulations and medical care, are peculiarly malignant. Forty years ago an epidemic of small-pox carried off half the natives of Alaska. The smoke of their dwellings and the glare of the snow subject them to severe forms of ophthalmia, so that impaired eyesight and even blindness is very common among them.

Public schools have already been established at Sitka, Juneau, Fort Wrangle and Kittisnean, and at Sitka a mission of the Presbyterian Board is gathering Indian children into the mission home, and giving them instruction in trades and something of an idea of home life. Col. Elliott F. Shepard, of this city, has erected, in connection with the mission, a spacious building furnished with all the material for printing and various mechanical employments, which is, without doubt, in the line of instruction most needed. But all that has been done is only a drop in the bucket. Broader and more radical measures are needed now from our general government to regenerate a race which the tide of death is fast sweeping along to extermination. The first and most important requisite is hospitals sufficiently commodious to accommodate all the sick who can be persuaded, or forced, if the demands of public safety require it, to enter the walls. *Second*—Subject the child and parent to the same law which governs their white brethren. If the children are uncared for or abused, and the matter can be proved—and it is often difficult among these people, as everywhere else, to obtain legal proof—make them wards of the State, and place them in schools, which shall be their homes for a certain number of years, where they are taught the industries of civilized life. If the present generation is too far sunk in vice and tainted with disease to receive much benefit from these measures, the initial step will be taken in the hospitals to check the contamination of disease among the young, and in the schools to send out children trained in a higher civilization, carrying with them and putting in practice the information gained in their years of study and mental and mechanical training. This work can only be accomplished by



government, and the question rests with our legislators at Washington whether the proper steps be taken immediately to save a race, with the bright promise of usefulness which this race possesses, if cared for, or whether they shall be left to drift on, without thought or care, to that extinction to which they are surely doomed unless the government at Washington stretches out its strong arm to save them.

As we leave Fort Wrangle and pass further and further into the wilderness, the scenery increases in beauty and grandeur. Stopping for a day at Juneau, the largest town in Alaska, we cross the beautiful mountain-locked bay about three miles, to Douglass Island, where we see rising in the still, pure air the smoke and steam of vast furnaces as they extract the gold from a daily supply of six hundred tons of ore. The Treadwell mine, although not the most lucrative, for the ores are of low grade, not more than six dollars to the ton, are still the largest in the quantity of ore obtained in the world, and yield a net daily profit of more than three thousand dollars. But little of Alaska has been prospected for minerals, but mineralogists express a doubt from the character of the rock whether any rich deposits of gold ever will be found near the coast.

Passing around Douglass Island we enter Lynn Canal through a perfect labyrinth of islands. As we sail through the deep, still waters, dotted all over with little islands of emerald green, shut out from the ocean on the west by a range of high mountains, their tops white with snow, and pass peak after peak of the great continental range, which descends to the water on the east, one glacier after another bursts into view, until we have counted nineteen of these rivers of ice, these remnants of the ice age, some of them toppling over precipices three thousand feet high, the surface extending back as far as the eye can reach, broken into pinnacles and grottos glittering like silver, or of intense blue. As we pass out of Lynn Canal, we see, sweeping down a gorge between two high mountains, Davidson glacier, three miles in front, and where it slopes to meet the level ground twelve hundred feet high. As we pass within a short distance of it, its grand proportions, its surface broken into



domes and pinnacles and grottos, through which can be seen the deep blue and the dark green as if there was locked up in these fetters of ice a mine of precious stones, leaves a picture upon our mind never to be forgotten.

As yet we have only caught a glimpse of the grandeur of Alaska. The next morning we enter Glacier Bay, and as we turn a point of high land just as the sun is rising, we see floating by us great blocks of ice, and as the steamer turns still another point, Glacier Bay stretches out before us, with here and there icebergs a hundred feet high, while the whole bay seems filled with vast masses of floating ice. To the eastward rises a large range of mountains, their sides scored in deep furrows by old glaciers and the tops covered with snow. Westward toward the Pacific, Crillon and Fairweather, the southern portion of the St. Elias Alps lift their tops of ice and snow glittering in the morning sun, in a glory only faintly dreamed of by the poet, into the pure, clear air 16,000 feet. These mountain peaks rise, not from foot-hills like the Swiss Alps, but from the water at the ocean level. Slowly our steamer picks its way between the vast cakes of ice and the icebergs, which are around us on every side. Only one-eighth of the ice is above the water, so that ice showing fifty feet above the surface is four hundred feet high. Suddenly the steamer stops, the boom swings over the water, and the sailors, who have descended in a boat, have attached the ropes to a cake of ice weighing nearly five tons, which is quickly lifted into the hold and cut up to fill our ice-boxes. Every eye is now turned to the entrance of the bay, where the great Muir glacier blocks up the inlet with a wall of ice four hundred feet in perpendicular height and one mile in length. The main body of the glacier can be seen extending back as far as the eye can reach, rugged and broken, as if the waves of the ocean had been turned to ice in the midst of their wildest fury, occupying a vast amphitheater, with diameters ranging from thirty to forty miles, and is made up of nine main streams, which unite to form the grand trunk, while beyond the rim of the amphitheater it is joined by sub-streams to the number of eighteen. As we approach within a short distance of this wall of ice, with its deep



blue color, we are startled with reports like thunder or the booming of cannon, and see breaking off and plunging into the water great masses of ice, which make the steamer toss as if it were upon the waves. In the summer this glacier moves at the rate of sixty feet a day. Reckoning the front of the glacier as a mile long, and the height above the water four hundred feet, and below six hundred feet, 200,000,000 cubic feet of ice a day during the month of August break into the bay. Slowly the steamer turns its prow south ward towards Sitka, the capital of Alaska, and the seat of the old Russian Government. Mount Edyworth, an extinct volcano, rises in front; the bay is filled with little islands covered with trees, while the mountains, showing here and there traces of snow, form a semicircle in the rear. The tourist finds this old town, the oldest in Alaska, one of the most delightful spots in all his journeys. The journey back to Tacoma lacks the quick surprises we have experienced, but the same beautiful panorama is ever unfolding before us. We sat upon the steamer's deck, perhaps, with a book in our hand, but we could not read, save the books of nature, whose words are traced in living characters all around us. But, oh, what a feeling of rest comes over us in this pure living atmosphere in which the past is forgotten, with all its cares and troubles, and we are only living in the present!—*Egbert Guernsey, M. D., in New York Med. Times.*

### ERYTHROXYLON COCA.

Coca leaves, in the form of fluid extract, in doses of 8 to 20 drops three times a day, is often a remedy of very remarkable therapeutical properties, and fills a very important place in the treatment of many diseases resulting from some impairment of the nervous system, especially of women.

Coca is a stimulant pure and simple—some of its physiological actions are similar to those of capsicum.

The first notice I saw of the action of coca was in a short paper in an Edinburgh medical journal, by Sir Robert Christman, who was at that time the great authority in the Scotch school of medicine on therapeutic and forensic medicine.



The salient point in the paper was the striking endurance against fatigue coca conferred on the physical power of the organism, when the leaves were chewed in moderate quantity. Professor Christman avowed he was able to endure severe physical exercise under it, and perform long journeys on foot with ease and comfort, though an old man.

In a few years after I saw another account of the use of the medicine, by a German writer, extolling its power to fortify the system to endure severe mental labor.

Coca has been hobbled and run on the machine plan so much, even until very recently, that it has become a sore torment to many, and the alkaloid cocaine has been made a veritable therapeutic pack-horse by the old-school doctors, a real panacea, to the sorrow and life-long distress of thousands of people, yes, tens of thousands.

I started, however, to say a few words about coca as a medicament in the treatment of women's diseases. One day while amusing myself for a moment or two reading the stuff in an almanac put out by the proprietor of a patent nostrum, my eye fell on this line: "Oh, that tired feeling!" It was the plaintive outburst of a poor, overworked woman sinking under the weight of the physical burden that had fostered itself on her organism. Of course the whole thing was a catch-penny put up to deceive the unwary and entice patrons.

The idea of coca struck me. The medicament was a nervous stimulant and a nerve tonic I fully believe, and if used carefully and with other appropriate remedies, it will do a world of good in many cases.

The first case I used it in was a child, a girl sixteen years old, going through a siege of typho-malarial fever. Her constant complaint was feeling so very tired, so much aching in her bones, not much rest, no relief. I caught up coca, prescribed three drops of Parke, Davis & Co.'s fluid extract every two hours, nothing else. Now here is a picture; this girl was at times flighty, pulse 130, small, weak, very compressible, and the heart sound was quite soft, giving the idea of feebleness; besides these was the feeling of constantly being tired. In forty-eight hours the feel-



ing of being tired was removed; in twenty-four hours the pulse strengthened and was firmer, and the first sound became more pronounced, the mind was clear, yet the temperature was one-half or three-quarters of a degree lower, but the decline was at the time of the twenty-four hours when it had been the highest. This was an object lesson to me. I told others of it, but no one cared, because everyone had become disgusted with the name of coca, when praises were being sung by thousands of doctors over the length and breadth of the land for all diseases. One good man told me not to say coca to him if I wished him to retain his good opinion of me.

Well, this case went on in a very even way, a kind of steady jogging, without any serious disturbances, until convalescence was completed.

A while after I was attending a woman who had a baby six weeks back, and was making a very poor shift in the way of getting over her troubles. Her complaint was constant backache and feeling tired, bearing-down weight in hips and loins, said she felt as if her body was dropping in two across the small of the back. Besides being anemic and having a nasty leucorrhea, her "heart fluttered" and felt as if it had stopped for a moment; then she had "sinking spells" that made her feel "like death." The uterus was large and heavy, anteverted, neck long and hard, tender to touch, pain over small of the back of exquisite sensitiveness to pressure, and, worst of all, no desire or relish for food.

I gave her coca, ten drops three times a day. She took it nearly two weeks before any permanent good was experienced. The first bad feeling to move was the everlastingly being tired. Gradually she felt better this way, her night's sleep did her good, so as to enable her to feel rested in the morning. The next week her backache fell off very considerably, and with it the leucorrhea. Here is a point I wish to note. In many of these cases, the backache and tired feeling are present, even after the leucorrhea is bettered, and its return is only a matter of short time under the same stress of every-day routine of life.

But in point of fact the heart was the first to lose its fluttering



feeling, and the painful source of impending danger was among the first symptoms to relax. This woman made a good recovery in two months under coca. Often she had severe exacerbations of her bad symptoms, and was tempted to increase the dose, against which I gave her repeated caution.

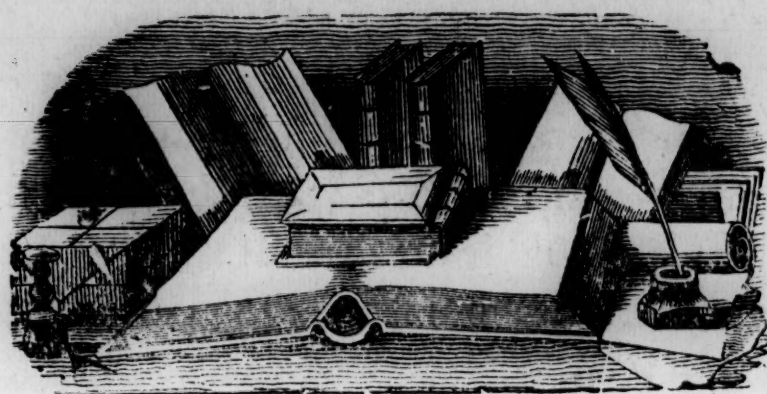
About two months ago a gentleman, who has to walk much and do a great deal of severe mental labor, told me he was breaking down, feeling tired in the morning, as much so as at night, his heart troubled him, pangs, as slight shafts of angina cause, had thumping of the organ, loss of appetite, and digestion was weakened, and his virile powers considerably weakened. He is about fifty-three years old, has been temperate in life's enjoyments and a hard worker, bodily and mentally.

I gave him coca, ten drops three times a day. After a week he told me his heart felt better, and his endurance a trifle improved; but the best sign that he was being bettered was, he felt rested in the morning and was able to go to his daily labors in a spirit of cheerfulness and confidence in himself. Slowly appetite and digestion improved, and digestion grew more vigorous; but his virile powers are quite feeble yet. I advised him to let this part of his manhood entirely alone to a protracted rest, and if the infinity of the universe has done with his race, to be satisfied and gratified for the other end, as I believe better favors granted.

I must say a word about coca as a cure for chronic constipation; I have more expectations with it in this particular, and have confidence in it.

To conclude, let us say coca is a stimulant to the sympathetic system, a dangerous medicament, a two-edged sword, but as good as any good thing well used and not abused. One must be circumspect with it, use it in small doses, and give it an honest trial without expecting too much of it.— *Joseph Adolphus, M. D., in American Medical Journal.*





## EDITORIAL.

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**The Headaches of the Season.**—Without doubt we are having an unusual number of severe and persistent headaches the present season. These usually attend cases of influenza, but sometimes the headache is the only, or at least the prominent, trouble, other evidences of the epidemic being but slightly noticed.

To cure these troublesome cases sometimes sets us thinking very hard; and even with the best of endeavor we may fail without watchful persistence. The patient may decide, after suffering a number of days, that the case is beyond help, and conclude to make no more complaint, but wear it out. This is bad for both doctor and patient.

We have no stereotyped treatment for headaches, for the simple reason that we have no stereotyped class. The affection is very liable to vary in character over a wide range of conditions. But in the present season a very large percentage are muscular in character, *i. e.*, the pain is located in the muscular or fibrous tissues covering the cranium, and muscular tissues wherever located respond to common affinities. *Cimicifuga*, then, is no mean remedy for headaches where the pain is located in the temporal or occipito-frontalis muscles, and manifests a tendency to shift. *Rhus tox.* also is a remedy for muscular pain, and has been believed by some to possess an election for the left frontal region. *Bryonia* also relieves muscular pain, and may be thought of here as having a proper sphere of action.

But we possess a much more prompt agent in many of these cases in phenacetin, which may be administered alone or in various combinations. For example:—



R    Phenacetin, gr. iv.  
      Caulophyllin, gr.  $\frac{1}{8}$ .  
      M. Ft. Capsule, No. 1.  
      Duplicate, No. 24.

S.—Take one every four hours.

R    Phenacetin, gr. iv.  
      Antipyrin, gr. iii.  
      M. Ft. chart, No. i.  
      Duplicate, No. 12.

S.—Take a powder in a swallow of water every three hours until relieved, then three times daily if needed.

This will be found excellent where the patient is feverish and the pulse is strong, and where there are severe muscular pains present in other parts than the head. Prompt relief often follows such a prescription.

The muscular pains which invade the orbits and involve the structures of the eye, may yield better to the influence of salicylic acid. The affinity of this agent for the orbital tissues has been recognized by many. We have alternated three grains of salicylate of sodium with a tablespoonful of infusion of cimicifuga in such cases with very satisfactory results.

Some severe cases yield to full doses of jaborandi. The prompt effect of this agent in full doses in relieving severe muscular pain should not be forgotten, nor should the fact that it has caused complete diastole when long continued be lost sight of either. Discrimination should be observed in its use.

But all these may fail, and chloral may be called for, or possibly a dose of morphia, though when we begin the use of the latter agent we may fairly conclude that we have assumed a case which promises a period of chronicity.

It is better here to resort to some local application, and the one of all others offering not only temporary promise but fair hopes of permanent results, is an application of equal parts of sulphuric ether and chloroform. A folded handkerchief should be moistened with this, and applied to the affected part, to be soon removed for a few seconds on account of the severe burning sensation caused, but again applied for a few seconds, the applica-



tion being momentarily repeated, until local anesthesia permits the compress to be bound upon the part, under a second one that has been wrung out of warm water to prevent complete vaporization.

Faradism sometimes imparts a grateful effect, and will often prove permanently curative when the positive current is applied, though we must not expect much from it in the acute stage. Place the patient's feet upon the negative, or place this pole in one of his hands, or at the nape of the neck, or allow him to sit on it—anything to place it remote from the seat of pain—and apply the positive with a gentle current to the seat of affection. Remember the skull, especially the temporal and frontal regions, is very susceptible to the effects of electricity. A few applications repeated daily may assist materially in affecting a cure.

Where the cerebral circulation is involved, we must resort to a different class of remedies. The full, throbbing headache will call for gelsemium, antipyrin, or jaborandi, antipyrin being the most prompt. Ten grains may be administered at a single dose, and gelsemium used as a follower. Dull headache, with sluggish capillary circulation and dizziness, may be benefited by very small doses of belladonna. A few cases yield to quinine, especially where periodicity is marked, though quinine is by no means the proper agent for universal application in these cases.

There are old and well-tried means which we have not mentioned, which may do still better than all these; for instance, the spirit vapor bath repeated a couple of times, the electro-therapeutic bath, or even the hot pack. Sometimes these measures succeed when the best therapeutic measures fail completely, and should not be forgotten by the Eclectic practitioner.

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**Oxalic Acid in Spinal Congestion.**—We have several times noticed in rambles after therapeutic novelties the affinity claimed by certain writers to exist between the spinal cord and oxalic acid, but having observed so many references to therapeutic possibilities not pressing upon attendant needs, we were not sufficiently impressed with the importance of this point to give it more than passing notice until recently.



We have long cherished an idea, not original perhaps, nor possibly rare, that when an agent disturbs a part unpleasantly in massive doses it is likely to seek the same part with good intentions if administered in doses sufficiently small to exclude the disturbing effect (dynamical doses). This is the sum total of support to the Hahnemanian theory, though we are not aware that many homeopaths lay claim to the proposition as we have put it.

But, referring to oxalic acid, the poisonous effects of the drug evidently indicate that its disturbing influence is directed largely to the spinal cord. We need not wait for the picture presented to resemble closely such effect before prescribing it in disease, but have only to fix the fact that a condition of disturbance exists there, to send the remedy to the part in minute doses and expect an amelioration of morbid symptoms. Homeopathy never did better and does not offer any such *rationale*.

Recently we prescribed for a case several times without benefit until oxalic acid was selected. There was a feeling of exhaustion, though the patient was around attending to business. Emaciation was a marked symptom, though the appetite was not especially poor. The prominent symptom was a weakness in the lumbar region, with tensive pains at night so severe as to destroy sleep, and these radiated into the abdominal viscera as well. The kidneys and entire urinary apparatus seemed relaxed and heavy. There was a sense of insecurity about the power of control here, though no loss of it. The feet and legs seemed to have lost the natural sensation, though under control and still perfectly sensitive when touched. There was soreness and aching in the bottoms of the feet. Insomnia was marked.

Complete failure of a number of measures for rheumatism failed to benefit the pain, and the case from the start was evidently not rheumatism, though some of the symptoms might be mistaken for it. There was doubtless disturbance of the functions of the spinal cord. Luckily the idea of oxalic acid now occurred, and it was prescribed with almost magical effect. The patient slept soundly all night after taking four doses of the 6x the first day, and began to improve in strength, spirits, and general



elasticity at once—is evidently recovering rapidly from a long-continued fag due to overwork, and a wind-up of influenza, which threatened to make him speedily a bedridden invalid.

**“More Blessed to Give Than to Receive.”**—Our Bible-reading subscribers will doubtless recognize the quotation, and we desire to indorse it. One of our subscribers, and an occasional contributor, wrote as follows last year: “It is not fair to be always absorbing and never imparting. We read with pleasure the different articles in the JOURNAL contributed by practitioners who are disposed to divulge, for the benefit of brother practitioners, results of study, observation, and practice.”

Unfortunately, we have a class of medical men who are willing to absorb but never impart—men who hug all their best points in practice closely, for fear that someone else may rival them in practice, and die with their wealth of knowledge all untold. Some of them will sell a bit of knowledge for a consideration, but will never give it away. It may lessen their own importance as practitioners. Nothing little about this—oh no!

The writer has given freely, since his editorial experience, of the best knowledge at his disposal, and has grown in ability to command a desirable practice all the time. He has desired his readers, even to his own neighbors, to possess every advantage possible for the advancement of our common cause, and this can best, perhaps, be advanced by the success of our rank and file.

There is an element of selfishness in the physician who appropriates year after year, and never reciprocates by adding his mite to the common fund. Moral: Contribute to the JOURNAL.

**A New Remedy for Epilepsy.**—They come and they go. The bromides for a long time held a sort of feeble sway, proving temporarily effective in a few cases, but disappointing the majority of prescribers and holding out false hopes to many by reason of the temporary benefit conferred.

Then Dr. True excited a temporary notoriety for *ailanthus glandulosa*, a remedy devoid of any valuable properties as an anti-



epileptic agent. And later the Homeopaths unearthed *œnanthe crocata*, which, though indorsed by several Eclectic writers, has since taken a back seat; and now, while waiting for something better, up turns osmic acid.

This time allopathy takes a hand, and now let us see if it, with its proverbial skepticism as to new remedies, has offered anything more worthy of notice than the failures referred to.

Osmic acid, according to Dr. Van Emon, of Kansas City, "is, chemically speaking, *osmic tetroxide*, the true acid not being known in the free state. It is a volatile crystalline substance, softening at a moderate heat like wax. It melts at a lower temperature than wax. It is exceedingly volatile, and the fumes are intensely irritant and poisonous, so much so that it cannot be dispensed in a close room; and even in an open room a respirator should be used while handling it. It is one of the most powerful oxidizers, and should be kept in hermetically-sealed tubes. It is slowly dissolved in water, making a clear solution if kept in the dark; but in the light the solution rapidly undergoes decomposition, becoming dark or even black. Owing to its energetic chemical power, it should not be used in solution or even in combination with other drugs."

The Doctor uses kaolin as the vehicle for administration, combining from the  $\frac{1}{120}$  to the  $\frac{1}{60}$  of a grain of the active agent with a few grains of kaolin, and putting up in sealed capsules.

The clinical reports offered by the writer referred to are so interesting that we reproduce them here, for we conclude that the subject is worthy our attention, at least we have no very trustworthy agents to neglect while we are exploring new fields in this department:—

"CASE. I.—In November, 1886, Mr. D. W. applied to me for treatment, with the following history: Age 36 years, single; laborer, works at bridge building and railroads; no history of syphilis or traumatism. For about seven years has had frequent attacks of a vertiginous character, with temporary loss of consciousness, sometimes as many as six or seven of these attacks occurring within twenty-four hours. Once or twice in six or eight weeks the attacks are so severe that he falls to the ground, and has more or less stupor for an hour or two. He has been compelled to abandon his usual line of work, for fear he might, in one



of these attacks, fall into the water or from some height, and be injured or killed. He has been taking medicine, which, from his description, I concluded was the bromides. He is getting worse instead of better.

" I put him on the following treatment:—

Osmic acid, 2 grains.

Kaolin, q. s.

" Mix and dispense in 120 capsules, and seal. Directions: One capsule three times a day, two hours after meals.

" He continued taking his capsules regularly until June, 1887, almost twenty months. He never had an attack after the second week, and has resumed his usual occupation. About the date last mentioned he paid a visit to Illinois, and by my advice omitted the drug. At the end of six months he had three or four light attacks of dizziness, and at once resumed his medicine, and is now taking  $\frac{1}{90}$  of a grain twice a day. His general health is much better, and no deleterious effects have ever shown themselves from the use of the drug.

" CASE. II.—June, 1887. Boy, æt. 16, said by his brother to be a masturbator. This the boy neither affirmed nor denied. Has well-marked epileptic fits, but of moderate severity. I gave him some good advice, and the same prescription as above. A little over a year later his brother brought in a 13-year-old sister with chorea, and reported that the first patient had no further return of the fits.

" CASE III.—J. V., æt. 48, married, has a family; farmer; no history of specific disease. Applied for treatment in 1888. He gave a history of sudden and complete loss of consciousness while working in the hay-field on a very hot day, followed by more and more frequent attacks of *petit-mal*, and occasionally of *grand-mal*. Loss of memory, at first scarcely noticeable, but becoming, after twelve months, very marked, with paresis most marked in lower extremities, with finally almost complete loss of mental power, ending in right hemiplegia, coma and death. In this case osmic acid, although faithfully tried, gave no relief. Neither did nitrate of silver or the bromides, excepting that the latter drug, in very large doses (40 to 60 grains), relieved for a time his attacks of intense pain in his head.

" CASE IV.—J. A., æt. 19, had *grand-mal* since infancy. In the early part of the autumn of 1888 he had fits of great violence for more than seventy-two hours—that is, he never regained consciousness between fits. These fits were finally controlled by  $\frac{1}{2}$ -grain doses of morphine hypodermically, and he returned to his



normal semi-idiotic condition. He took osmic acid for a short time without any results, as on December 12 he disappeared, and his body was found in the Missouri River after the ice went out in spring.

"CASE V.—G., æt. 43, farmer in good circumstances, married. Has had *petit-mal* for many years, manifesting itself by vertigo and loss of consciousness, occasionally falling, but is usually able to keep up by holding to or leaning against something. These attacks come on about every sixteen or twenty days, and last from one to three days. During this time the attacks are quite frequent. As soon, however, as nervous irritability is exhausted, they cease. Excepting that he feels dull for a day or two, he feels as well as ever. He had taken a great deal of medicine, without much, if any, effect. Early in 1887 he came under my care, and for about fifteen months I ran all the changes of the bromides, the only effect being to disorder his digestion and produce a full crop of acne. January 1, 1888, he commenced taking osmic acid in doses of  $\frac{1}{60}$  of a grain three times a day. He could not, however, take it more than twice a day, on account of sick stomach. He is still taking it once or twice a day. Under date of August 29, he wrote as follows: 'Had some symptoms, last January, of their returning. I wrote to you, and you sent me another box of pills. My health is good!' He had run out of pills at this time and had neglected to get more.

"I have given the acid in three other cases. In one there was advanced Bright's disease as well as epilepsy. He could not take the medicine, and died in a few months from the kidney trouble. The others never returned the second time, and I lost track of them.

"To recapitulate: Whole number of cases treated, 6; very greatly benefited, 3; no benefit, 3.

"All three of those not benefited are dead: One from cerebral softening; one from chronic Bright's disease, and one from accidental drowning. The latter took the drug but a short time; the other one somewhat irregularly, but for quite a long time.

"While it is true that six cases are a very small number upon which to base conclusions, yet I think I may safely make the following deductions:—

"1. In all epilepsies dependent upon organic lesions of nerve tissue, osmic acid will do no good. Neither will any other drug, as far as a permanent cure is concerned. The case not benefited in which there was albuminuria does not invalidate this statement.

"2. In epilepsies purely reflex in their origin, osmic acid will



prove beneficial if not curative. I have not called any of the cases cured, although case 2 might, I think, be so classified.

"The osmic-acid treatment does not in any way interfere with the general health, so far as my observation goes. In this it has an advantage over the bromide plan of treatment."

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**The College.**—There has never been more interest manifested in the college than at the present time. Numerous inquiries have come to the notice of the Editor, and the reports from headquarters are very encouraging, to the effect of a large class in June.

The tide has turned which drifted California students over the border, and we are frequently receiving communications from the East inquiring as to our terms and facilities. The college which holds its honors high—so high that its *alumni* will be enabled to point to them with pride in after time—will be the successful one if it is meritorious in other respects.

We are not teaching a rehash of any authority in practice. We stand on our own merits and turn out independent and successful practitioners if there is any timber worth the while to begin with.

Very few colleges offer the number of excellent private clinics to be enjoyed in ours. Our classes are small, and our faculty, being in active practice, are so situated as to afford excellent clinical advantages to all the graduating classes, and extra pains are taken to this end annually. The writer has been a student in two colleges, and can assert from experience that few better opportunities for clinical teaching in operative surgery are offered anywhere.

Hospital surgery is usually of the poorest kind to rely upon for clinical instruction. It cannot compare with that of private practice in fitting the student for a successful career. Students never get nearer a faculty anywhere than to ours, and never find more practical or impressive lessons.



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EDITORIAL NOTES.

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OUR February exchanges were all afflicted with the "la grippe" epidemic.

THE "Transactions" of last year's National are promised at a very near date.

DR. F. A. EVANS (*Medical Brief*) asserts that ten drops of fluid extract of saw palmetto will abort an attack of migraine.

A NUMBER of pages of valuable gleanings culled from our exchanges by Dr. H. S. Turner will be published in the April number.

CARNRICK's soluble food has served us valuable purposes several times when the patient could not retain ordinary food upon the stomach. It is for the adult what infants' food is for the smaller fry in trying times.

DR. LEWIS H. ALDER (*Medical Age*) reports great success in the treatment of nocturnal enuresis with P. D. & Co.'s normal liquid of ergot. Twenty-three out of twenty-four cases were cured, and the single exception was very much benefited.

NUMEROUS inquiries reach us as regards the next college term, to open March first. The college was never in better trim to render satisfaction to students than now. Address all inquiries to the dean, D. Maclean, at 6 Eddy Street, San Francisco.

WE are indebted to Parke, Davis & Co. for an artistically-ornamented calendar for 1890. The subject of the illustration is a fight between a crab and lobster on the sands with gnomes as seconds—a Japanese ideal with artistic elaboration. Thanks.

JUST before moving, we received an invitation to the International Medical Congress at Berlin, Germany, to be held from the 4th to the 9th of August, 1890, but mislaid and lost it. The invitation included all the readers of the JOURNAL. The Editor would like to go but may not.

WE were pained recently to learn of the death of the estimable wife of Prof. C. N. Miller. She was a student in the college for a time, and a very intelligent and promising member of the class. Sarcoma of the stomach was the cause of death, as we are informed.

SUCCUS ALTERANS, as prepared by Eli Lilly & Co., is a valuable



remedy in chronic affections of the elaborating organs. Possibly it is as good a combination for syphilis as we have. There is no objection to the preparation because the formula originated with the Eclectics.

THE Editor received a very pleasant and cordial private communication from Professor Howe, in the last days of January. It was posted about the tenth, but stopped for a brief season among the upper Sierras, snowed under by about a hundred thousand majority probably.

WHAT is the definition of pain? We offer the following definition: "A state of discomfort so pronounced as to enable the sufferer to localize it." Any sense of discomfort capable of being located must amount to some kind of pain, either dull, aching, burning, tensive, pricking, or otherwise.

THE subject of Eclectic Biography has received some attention in the East since being agitated in the JOURNAL. At least two Eclectic writers have referred to it since the first article on the subject appeared. Let the agitation continue. Good men and true are constantly dropping out of line who should not be forgotten.

DR. JENNIE P. WEBB, well known to the early members of our classes, widow of J. Watson Webb, M. D., and formerly treasurer of the College Corporation in Oakland, is reported to us as lying in a critical condition at her sister's home in San Francisco. A cerebral tumor is supposed to be developing. Mrs. Webb's son, Mr. E. P. Webb, is a present member of our class.

DR. WATERHOUSE'S contribution in this number is worthy of preservation for future reference. A remedy that will cure chorea is worth the while, for, under ordinary medication, it is very intractable, according to our experience. We have never had any trouble with chorea since beginning the use of faradism in its treatment, but are glad to know that there is a positive plan of medication.

AN article on "Eclecticism on the Pacific Coast," from the pen of John Fearn, M. D., is promised for the February number of the *Medical Gleaner*. This new claimant for notice promises to be a very acceptable addition to our periodical literature. The publisher and editor is Eclectic to the backbone and knows how to tell it—in fact he is Eclectic enough to be liberal. Published at Cleves, Ohio. Price, 50 cts. per year. W. C. Cooper, M. D., publisher.

WE are in receipt of Parke, Davis & Co.'s working bulletin for



the collective investigation of jaborandi, which covers the description of its therapeutic properties pretty well, with one exception, viz., its effect in aphthous conditions of the mouth. Phytolacca in minute doses usually cures these cases, but when persistent, jaborandi is a splendid remedy to complete the cure. The remedy seems to influence the nutrition of the mucous membrane of the oral cavity.

WE regard Dr. Ephraim Cutter, of New York, as an investigator of the highest merit. His observations on diet in cancer, Bright's disease, etc., are worthy the careful consideration of every physician. Dr. Cutter asserts that he can cure cancer with a diet of lean beef, and we believe he does not claim too much. Read Cutter "On Diet in Cancer" if you have a case on hand. Write to him for a copy of the work, which is sent, for 25 cts., to any address. Dr. Ephraim Cutter is at the Ariston, Broadway and Fifty-fifth Streets, New York City.

OF the Eclectic Medical College of New Jersey, Professor Wilder writes in a communication to the *Medical Gleaner*: "A year ago, a medical college was opened at Jersey City, and held two sessions. It had a superior staff of lecturers, and promised well. There were many attempts to discredit it by vilification false statements, and the like; and the Health Board of Jersey City has taken the job of refusing its diplomas. They are legal enough; but wise managers would have avoided the collision. I see little chance for better times for the institution. It may be a darkness before daylight, but I guess it is a total eclipse."

A NUMBER of vigorous protests against the publication of the "Correspondence" article of last month have been received, and, strange to relate, the most earnest have come from our ladies. It is urged that such an exhibition of lack of common English is a disgrace to us and ought not to be allowed to go before the public. In reply we will state that the writer of the article has been a student at both Homeopathic and Allopathic schools, as well as Eclectic, and has never claimed any particular fealty for us. Instead, the disposition has been to criticise and belittle us in a number of communications to which we can refer. Last month's communication ought to indicate to any ordinary reader that the author can hardly be claimed as one of us, for it certainly is not the way to write of one's friends. However, as the objections referred to may be well put, in a certain sense at least, we must decline a second article received for publication this month, even at the alternative of seeing it in the public prints, as threatened. This might be cheap advertising for us, though we would not be proud of it.



## MISCELLANY.

"COMING FOR WOOL, THEY WENT AWAY SHORN."—Dr. J. C. Culbertson, our able and earnest *confrère* of the Cincinnati *Lancet-Clinic*, we learn, from Associated Press dispatches of January 29, was assaulted by two Cincinnati lawyers named Burch and Johnson. The Doctor, with the aid of the foreman of his printing office, defended himself, and afterwards had his assailants arrested. The occasion of the attack was the article in the *Lancet-Clinic* of January 25, in which these limbs of the law were denounced, in caustic terms, for an attempt to blackmail Dr. C. D. Palmer in connection with a suit for malpractice. We congratulate Dr. C. on his successful defense, and sincerely hope that the statutes against champerty, attempts to blackmail, etc., may be promptly enforced, and that his assailants may meet with timely and appropriate punishment for these as well as their later crime.—*Southern Practitioner*.

WE offer below a specimen of Oakland's appreciation of the prevailing epidemic:—

## LA GRIPPE.

Backward, turn backward, O Time, in your flight,  
 Give me the nose that I breathed through last night.  
 Bring back the smeller that two days ago  
 Knew not the torment of continual blow.  
 Wipe from my mustache the moisture of sneeze.  
 Put wooden splints on my poor, weakened knees.  
 Rub my nose as you oft have before,  
 With tallow, dear mother; oh, it is so sore.  
 Backward, flow backward, O tide of the nose.  
 I am so tired from my head to my toes,  
 Tired out with mopping, and coughing, and sneezing,  
 Weary from handkerchiefs continually seizing;  
 I have grown weary of snuffle and snuff,  
 Of wiping my bugle until it is rough.  
 Stick my poor head in a big pillow-slip,  
 And sew it up, mother; I have the la grippe.

—*Buz Fuz*.

SYMPHORICARPUS RACEMOSUS (Snow Berry).—Dr. Phil. Porter (*Hom. Jour. of Obs.*, May, 1889) says of this drug that when given to female provers it produced a most uniformly the same results, "a feeling varying from qualmishness to intense nausea



with violent vomiting." Upon these indications it has been given in the higher potencies to patients suffering from the vomiting of pregnancy, with the most satisfactory results. Dr. E. V. Moffat says: "The indication for symphoricus, so far as I have observed them in cases of pregnancy, are a feeling of qualmsiness, with indifference to food. In more severe cases there is deadly nausea; the vomiting is a continuous and violent retching, but it covers every gradation between these extremes. It does not seem to be confined to any particular *morning* aggravation. A prominent symptom is the disgust at the sight, smell, or thought of food. One case I remember in which the patient was comparatively comfortable while lying on the back, but would be nauseated by the slightest motion of the arms, particularly raising them. This case was completely relieved by a few doses. And so the cases might be multiplied." Dr. Moffat sent the drug to a number of other physicians, all of whom reported favorably.

Besides the reflex gastric disturbances of pregnancy, it has been given repeatedly in cases of nausea or vomiting, before or after the catamenia, with admirable results. Again, apart from menstruation, it has proved beneficial in certain cases of irritable or congested ovary, hysteria, and ovarian tumor.—*New York Medical Times.*

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### BOOK NOTICES.

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PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY. By G. W. Overall, M. D., formerly Professor of Physiology, Nervous Diseases, and Electro-Therapeutics, in Memphis Hospital Medical College.

Why do so few of the rank and file of the profession outside the larger cities employ electricity in practice? and why do so many scout its claims as a promoter of the healing art?

To this we answer, Because too much has been made of it by those who employ it, and too much verbiage has been thrown about it by those who write upon it. The works of Althaus, of Beard and Rockwell, and of Bartholow, are so replete with description and theory that the practical part of the subject must be hunted for, "like," to use a homely phrase, "a needle in a haystack."

This little work is our ideal of a text-book on electro-therapen-



tics for students and beginners. It simplifies the subjects, does away with all useless theory, and covers the ground well in small space. The author knows enough to treat upon a useful subject without "whittling" away until he has become a nuisance, and we advise all our readers who are not "up" in electro-therapeutics to write for a copy. It contains only a hundred and thirty pages, index and all, and cannot be expensive.

The author should be addressed for further particulars, at Memphis, Tenn.

PHYSICIANS' LEISURE LIBRARY. Series 4, No. 3. "Diabetes."  
By A. H. Smith, M. D.

In this issue, Dr. Smith has, without going into unimportant detail, gathered all that is known of the pathology, diagnosis, and treatment of diabetes. It is well arranged, concise, and withal readable.

L.

THE PHYSICIANS' LEISURE LIBRARY. Published monthly. Price, per set, paper, \$2.50; cloth, \$5.00. Series 4, No. 3. "Education and Culture as Correlated to Health and Diseases of Women." By J. A. Skene, M. D.

There is perhaps no more important subject than that discussed in this little monograph. It is replete with good sense and practicability.

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A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES. Embracing the entire range of scientific and practical medicine and allied science. By various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by Alfred H. Buck, M. D. Volume 8. Containing an appendix and general index. Wm. Wood & Company, New York.

The eighth and concluding volume of this encyclopedia of the medical sciences is fully up to the standard of the previous volumes, and, with its appendix of over 525 pages, covers any omissions of the earlier portions of the work. Some idea of the scope of the work may be had by an examination of the index, which occupies 196 3-columned folio pages. A publication of this kind, covering, as it does, the whole range of medical science, cannot but offer opportunities for criticism, but, considering the magnitude of the work, the editor is to be congratulated on ac-



completing his task so successfully. There has been no cramping of articles, and if there is any fault it is on the side of prolixity.

The present volume is admirably illustrated, there being a large number of original wood-cuts, besides many derived from outside sources.

As a reference book it is of the highest order, and will find a favorable reception at the hands of the medical public. L.



# THE California Medical Journal.

H. T. WEBSTER, M. D., EDITOR.

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The Board of Examiners of the Eclectic Medical Society of California will meet throughout the year regularly at 4 o'clock P. M., on the second Thursday of each month, at the office of Geo. G. Gere, M. D., Secretary, 112 Grant Avenue, San Francisco.

Advertisers and subscribers should address W. F. BUSWELL, 535 CLAY ST., SAN FRANCISCO, CAL., when sending money or making inquiries as to the business management of the JOURNAL.

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## ORIGINAL COMMUNICATIONS.

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NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. When you want to begin a paragraph at a given word, place before it in your MS. the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times. Address all communications relating to contributions or other editorial matters to H. T. WEBSTER, M. D., 855 Broadway, OAKLAND, CALIFORNIA.

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## A CASE OF LEAD POISONING.

BY R. A. HASBROUCK, M. D., SALT LAKE CITY.

Physicians in the west are acquainted with the toxical effects of lead for the mines are at all times sending their quota of humans to hospital and physician. Elsewhere than the mines, workers in the metal furnish recruits to the leaded army.

In the case of Peter A., the subject of this writing we have a man who, during six years of mine service, has been leaded five times and is only twenty-seven years of age. His health is good except at such times as he has been under the baleful influence of lead; the family history is good; in habit he is temperate. Peter came to my office July, 1889, the 15th of the month, and gave the following account of himself:—"June 10th I was working in a slope where the air was bad and was taken short in the bowels which obliged me to leave the mine. The bowels moved several times that day, the passages consisting almost entirely of blood; but in answer to your question as to



color I cannot say. This happened at Bingham, Utah, where a physician prescribed for me, but his medicine failing to benefit me, I had to come to Salt Lake City and enter the hospital, and there remained until coming out four days before seeing you. At the hospital the passages of blood were frequent; appetite poor or none at all; slept most of the time, lying in a stupor. When I left the hospital there had not been a passage for several hours, though far from well I desired to leave the place. Nor did I pass any water to speak of—the kidney had nearly ceased to act. My weight had rapidly decreased, also my strength. Coming from the hospital to the world again it seemed to me that it would be an agreeable change to fill my stomach with good food. I hied myself to a restaurant and ate heartily. A few hours afterward the food I had taken went both ways and hemorrhage of the bowels commenced anew. The colic was very severe and the abdomen tender. It occurred to me that the medicine taken had never done more than check the movements and so it would be about as well to throw the physicians to the dogs and take physic from my own hands, but my attempt to care for myself is a failure.”

By enquiry it was proven to my satisfaction that the hospital treatment was acetate of lead and opium. The pain in the stomach was a griping one, characteristic of lead; the bowels were sensitive to the slightest touch; the gums were swollen and of a bluish color; there was a large flow of saliva; a strong metallic taste in the mouth; the breath foul. Preceding a passage of blood would be stinging pains in the guts followed by lead colic pains. Vomiting was constant and liable to occur at any moment after food or drink had been taken into the stomach. The number of movements of bowels would range from eight to twenty in twenty-four hours. An examination of the rectum revealed three large and several small ulcers. How much farther the intestines were involved could not be told by the sense of sight or touch; but judging from the flow of blood that came after the rectal ulcers had healed the bowels must have been ulcerated throughout. The food that was not rejected by the stomach passed through the digestive tract with but little change having been made except that which mastication produced. The first ten days the patient gradually grew worse under my care, becoming very weak and emaciated.



Now let us see what the cause might have been, first taking into consideration where the patient was when he was taken sick. Referring to his statement and it is found that he was working in bad air which means a deficiency of oxygen and toxical effects of carbonic acid—one of the toxical symptoms of carbonic acid is diarrhoea, but the other symptoms in this case exclude it from being named as the prime cause of the trouble. In poisoning by lead we have these actions on the mucous surfaces: Precipitation of lead albumenates; coagulation of the albuminous principles of the superficial cells; finally digestive troubles; decrease of the secretions and peristaltic movements of the intestines, constipation.

Our authorities tell us so much, and they say:—A concentrated solution (acetate of lead) sets up a mortification of the superficial layer of the mucous membrane; it forms a crust which falls off in the course of time, leaving behind it an ulcer. The consecutive phenomena to this cauterization are these:—Burning pains in the region of the stomach and intestines, vomiting, diarrhoea, death (Nothnagle and Rosebach). Having excluded carbonic acid poisoning as the cause and then compared the symptoms with the poisonous effects of lead the patient was so informed, not that it mattered very much to him what it might be, but like many another he wanted a name for his affliction. It would have been better for him had the hospital physician looked for the cause instead of taking it for granted the acetate of lead would check the disease, for this was evidently a case where *similia similibus curantur* in regular doses proved a dismal failure. It must be borne in mind that A. had been working in a lead mine, as those mines are termed in this western land, where the ore is of an argentiferous kind yet rich in lead. As it matters little what compound of lead one is poisoned with the effects are similar, therefore the conclusion arrived at—a case of lead poisoning.

Treatment was commenced by giving fluid extract of geranium maculatum, afterward fluid extract of coto, which were not only rejected by the stomach but at the same time set up terrible colic pains. Failing with these tannic acid and opium were given with no better results. Various other remedies were used but with no better result, and after repeated failures a capsule containing two grains of opium, two grains willow charcoal and



two grains subnitrate of bismuth was used; dose, one capsule as often as required to check colic and vomiting. For one month it took not less than twelve capsules during the twenty-four hours to answer the purpose. At the same time a suppository of opium and tannic acid was placed well up in the rectum and the patient kept in a recumbent position for thirty minutes afterwards. These were used daily from once to three times as required. At the end of third week the bleeding was so profuse that heroic doses of opium were administered—enough to stupify the man for hours. Whenever the stomach would permit small doses of potassium iodide in solution were taken and continued until all treatment was withdrawn. Now and then during September the improvement was such as to apparently justify a discontinuance of the treatment, but no sooner done and there was a return of the trouble.

October 10th the bowels showed little or no tenderness on pressure, and the rectum was free of ulceration. The patient was given enough medicines to last one week and advised to visit the country and live on a milk diet. He took the medicine three days thereafter, when it was discontinued.

This case is one of interest, due to its duration and severity. Some one may ask if the acetate of lead was resorted to during my treatment of the case. No, would be the answer to such a query; it would have been other than Eclectic treatment for it is not reasonable to suppose that a sufferer of lead could be cured by large doses of the metal. This man was full of lead, as it were, and while in the hospital had been given the acetate of lead with no favorable result. By the way, one of his requests, when engaging my services, was that lead should not be given him in any form.

Opium in the case proved very useful, the quantity taken *per diem* running as high as fifty grains if called for. The daily use of it in such large quantities gave rise to a question as to how it would be when withdrawn—would my patient be a *hop fiend*? To avoid such a sad ending Peter was never given an inkling of the drug; that was for me to know, not him. When the time came for the treatment to be left off, it was done at once. There was a complaint of feeling “all gone” and of despondency for two or three days, but the mind was kept employed by congratulations upon the returning health so that all



ended well. A. asked me several times for the name of this or that remedy, but never obtained the desired information. As the medicine was furnished and compounded in the office there was no tell-tale prescription. The probability is that he would have continued the use of the drug had he known the cause and cure for the "all gone" feeling.

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### WHAT IS THE EXTREME TIME OF GESTATION?

BY GEORGE A. BISSELL, M. D.

It is commonly received to be nine calendar months, or about 273 or 274 days. The code of Napoleon allowed 300 days. Probably no special number of days is strictly exact.

Two cases have fallen to my practice, and report of some others within my knowledge, which lead me to believe that the extreme of 300 days may be greatly exceeded.

In the year 1853, Oregon was rapidly settling up by immigrants from across the plains. I was of the number. About the 15th of November, 1853, J. H. being forced to be absent from his home for several days, desired me to take up my residence at his house, saying that he expected his wife would be confined before his return. My services not being called for I observed her critically; she had all the appearance, to my eye, of a woman at full term. On the husband's return objection was made to my leaving, on ground that my services were liable to be required at any moment; and that being as convenient a locality for my business in that new and sparse settlement as any other I remained. I heard no complaint until February 14, 1854, when the lady was taken in labor, and in about three hours delivered of a male child, which at my suggestion, received the name of Valentine. It weighed, when dressed in baby clothes,  $18\frac{3}{4}$  lbs. The mother was a rather small woman whose weight, I should judge to be about 110 lbs. In escorting a neighboring woman to her home, after the accouchment, we met a man, and she asked him to guess at weight of the child. He mentioned nine pounds. When convinced of its actual weight, he said that it ought to, for it was eighteen months old. I give the remark to show that the case was one of notoriety throughout the neighborhood.



My next long-deferred case was near Puget Sound. Being called, I found labor progressing regularly, and the os uteri dilated to about the size of half a dollar. Presently the pains died away, and I let her rest until the next day, for I was called in the afternoon. Hearing no further complaint, I made an examination, found the os closed and everything quiet; so I left, saying that probably labor would occur in earnest in two or three days. Not being re-called for a week or more, I naturally supposed that it had taken place suddenly. However, I was called again and found the same thing over. After this I was called once a week. Getting tired of so many trips I tried ergot and all other parturients that I could think of without avail, so concluded to wait for Dr. Time. Finally I was again called, when there was to a great extent a recurrence of the same phenomena, save that the pains did not quite die away. So I remained, and the next day delivered the lady of a fine male child. Against my suggestion this one was named Well Born, Hellenized into Eugene. Both mothers and both children did well. The last named mother was a full-sized woman, weighing probably about 130 lbs. The child weighed about nine pounds. This case was one of continuous labor for more than two months. About one month from time that I was first called the waters broke. Then it was that I resorted to medicine to quicken the labor.

The other two cases were simply hearsay. When I was a boy of about 18 years I heard a lady say to a girl, "Eliza, tell your mother not to be discouraged at lying back, for I lay back six weeks with my youngest."

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### A QUERY.

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BY JOHN FEARN, M. D., OAKLAND.

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SOME weeks ago my advice was sought in counsel for a young man who was suffering with dropsy and general debility. For some fancied or real ailment, this young man had been using a patent medicine known as "Microbe Killer," and from this time his trouble became aggravated, till the accumulation of water, especially in the lower extremities, called for relief. Such was his general weakness that hydragogue cathartics could not be used.



Specific treatment lowered the amount of water in the system, but when treatment was stopped the water once more accumulated till he died suddenly while sitting in his chair. This same physician had three other cases under observation last summer. All were taking the same nostrum, and, like the one I have referred to above, they were all three dead, and each of them with some dropsical condition, especially of the lower extremities first. My query is, were these four cases of dropsy and death the result of the use of the *nostrum*? or were they only coincidences? The doctor who watched the cases is strongly of the opinion that the medicine retailed in gallon demijohns was the cause of the dropsy and death of these men.



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CORRESPONDENCE.

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Los OLIVOS, Feb. 2, 1890.

H. T. WEBSTER, M. D.—*Dear Friend*: In view of facts of materia medica learned since last year, this month, I owe you a letter. Prior to the demise of my father he had an experience with an herb which, if I were a Spiritualist, I would say I was directed to gather and him use in a typhoid epidemic here. I gathered the herb, which I never saw growing elsewhere than in this valley. He used it, without faith, but, used it. He made a strong tea—the strongest. In the three last cases of the epidemic only did he give it. And not in those until Baptisia and the whole range of remedies known to him were proven of no use. The patients—two small children and an old man—he had all but given up as dying. But the first day's use of the herb worked a wondrous change. In five days his smaller patients were "whooping it up" about the house. Then their mother fed them (unknown to Dr. O.) on custard pie and chicken stew. Relapse. Serious indeed and again despair of life. Then a resort to the herb. Recovery. The children went to Sunday school three weeks after. And the third case? The old man (aged 54) was also taken with a relapse and bloody dysentery. But in a month he was walking about town. Do you want me to express you a pound package, or if you say so, I can as well send five pounds?

And now another herb that grows here and in Northern California also. I know no name for it. It is a Mexican remedy for diarrhœa. I suffered for two months last summer with a mucous diarrhœa, which ever and anon became bloody flux. Nothing cured, any more than when I suffered so just before leaving San Francisco. But a Mexican said, "use what I will give." Similarly another Mexican told some one, somewhere, "use this, and this," and behold as a result Yerba Santa and Yerba Manza in our materia medica. Well, I used "what he gave" and by strong infusion, in small doses every hour. I began in the morning. At night I felt well. Next day I ate an apple and some apricots.



And yet I did not suffer a return. In three weeks I had a recurrence, and cured it as promptly. Of this dysenteric curative I wrote to E. Hale, M. D.—of Hale's New Remedies—and offered to send him a pack of the herb, which is as good dried as fresh. He superciliously said he cared not to know or try the herb, which, from my description, was, likely, pennyroyal. But, Dr. Webster, it is not P. R. and I know it. If you wish, I will send you as much as you ask for, because I have enough in sacks to cure Oakland of dysentery, if that city gets sick so. I gathered it on purpose for gratuitous distribution.

And now—no, I have no more herbs to dispense. But a bit of personal clinical experience. Last Saturday I was awakened at night with ocular pain. Lachrymation terrible. Eyes ached as if would burst and their expansion (of globe) beyond sockets. Smarting intense and photophobia extreme. Thought I must lose my vision. Mother gave Bell., Euphrasia, Arsenicum, Hepar Sulph; very little relief. I stopped the lachrymation with *Allium Cepa* dose gtt ii every one half hour. Applied locally this:

R — *Cimicif. Racemosa* gtt xx.

— *Anemopsis* (*Yerba Manza*) gtt xxx.

Ad aqua  $\mathfrak{z}$ iv.

M. Sig.—Lotions frequently applied, also weak *Natrum Mur.* in water, and in two days the photophobia, the palpebral granulations, the pain and all other symptoms were gone entirely and I was again abusing my optics with night-light reading and study.

This year, as my financial circumstances and new responsibilities render work requisite, and hernia makes imperative that the work shall be light, I will employ 1890 in raising poultry. Ah, me! I had hoped not to be forced to defer my final term at the C. M. C. longer; hoped to complete my studies this year—preliminary studies, that is, to the life long studiousness of the practitioner, but fate decrees it otherwise, so that I must “hope on,” but I hope *not* only in order to “hope ever.”

Very truly,

F. S. OLIVER,

Let me know if I shall send you packet of one or both herbs—and if Dr. Fearn wishes any he shall also have them a cheerfully free gift, if he will pay the express charges C. O. D. Send imme-



diately, as very soon I will be in the mountains where mail comes only semi-occasionally—two or three weeks intervals.

Los OLIVOS, March 14, 1890.

After holding the rest of my letter awhile, I can now add that the use of the lotion of anemopsis et macrotys for the eyes has proved of vast service to my mother in the same eye affection I had. The intense burning, aching in her eyes and adjacent tissues with her were permanently relieved by cocaine 4 per cent aqueous solution, dropped into eyes and bathed on around them.

If I was not so abominably cramped financially I would send you the herbs prepaid. But I am. If you want them express C. O. D., Mr. T. H. Keenan, of Los Olivos, California, has two packs ready done up, labeled, each one pound in weight. If you or others want more, and will send to me this fall when fresh plants grow, (about August) will gladly send. A postal card to Mr. Keenan worded thus: "Send me by next express two packets herbs from Fred S. Oliver" will insure you getting them. I must thank you kindly for sending me CAL. MED. JOURNAL, which I value very much, and will subscribe for when cash to spare for subscription comes to me, as it will in the fall, I hope. Any copies sent meantime I will pay for also soon as I can. Send to me, "F. S. Oliver, Los Olivos P. O., California," all mail of any sort. I wish that I could prefix "Dr." to my name in signing myself

Your friend,  
FRED S. OLIVER.

Dysentery is a very rare disease in Oakland and we are hardly likely to have an opportunity of testing the remedy named, but hope some of our readers will avail themselves of friend Oliver's kind offer.

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#### GLEANINGS FROM OUR EXCHANGES.

HANNA SCOTT TURNER, M. D., OAKLAND, CALIFORNIA.

Chloracetic acid is recommended as a caustic for warts, corns, nevi, and syphilitic condylomata.

In trachiitis and bronchitis much relief is obtained from apomorphia, in the form of a syrup—one drachm, representing one-fortieth gr., being the dose.



CHLORAL HYDRATE.—Three or four grains to the ounce of glycerine used as a gargle in the early stages of quinsy is almost a specific, being locally antiseptic, astringent and sedative.

A powder composed of two or three parts of salol to fifty parts of starch, dusted on inflamed and painful surfaces, bruises, burns and painful skin diseases of all kinds gives great and prompt relief.—*Medical World, February.*

Actæa racemosa is of value in acute rheumatism, chorea and similar affections. Sympathetic pains and neuralgias arising from an "irritable uterus," no matter what the precise character, are speedily relieved by the tincture.

LEMON JUICE IN EPISTAXIS—Dr. Fauchon speaks most highly of the value of lemon juice for the local treatment of stubborn nose-bleed. In one case in which the hemorrhage was most severe, a single injection of the lemon juice made into the nostril that was bleeding, immediately arrested the hemorrhage—*Medical News.*

GLONIN IN DISEASES PECULIAR TO THE MENOPANSE.—This remedy has proved useful in the disturbances of the climacteric. It is curative when there is cessation of flow, with intense fulness of the head at every menstrual period. Also, is found useful in young women affected by congestion to the head from suppressed menses.—*Journal of Obstetrics.*

GLONIN IN PUERPERAL CONVALESCENCE.—Glonin is sometimes an admirable remedy for puerperal convulsion; the congestive form of eclampsia, that form which is announced by rush of blood to the head, especially if there is albuminuria. The face is bright red and puffed; the pulse full and hard; the patient froths at the mouth; is unconscious; the hands are clinched, the thumbs being in the palms.—*Journal of Obstetrics.*

Hydriodic acid, in the form of a syrup, is valuable in asthma, chronic bronchitis, hay fever and in all cases where iodine is indicated. For ulceration of the lower bowel it is advised to flush the colon with a quart of hot water injected very gently. When this has returned inject five ounces of hot water in which has been dissolved five grains each of chloral and sulpho carbolate of zinc or sulphate of zinc. Let this remain as long as possible. This treatment should be repeated twice daily, afterwards once a day.



## TWELVE DONT'S IN ANTISEPTIC SURGERY.

*Don't* fail, when possible, to have a general bath before doing a major operation.

*Don't* do any operation with suspicious hands; hot water, soap, nail brush, and pen knife should be carefully used by the principal and assistants before any operation. It is best to cut the nails very short, so there will be no place for germs to lodge.

*Don't*, before or during an operation, put your fingers about your nose, eyes, or ears, or use your handkerchief, or shake hands with any one. It is better to offend a visitor than to run the risk of infection.

*Don't* pick up or allow your assistants to touch any instrument, sponge or suture that has fallen upon the floor during the operation.

*Don't* bite off the end of a suture that it may the more readily be threaded.

*Don't* put your knife or other instrument in your mouth, or behind your ear, preparatory to its use.

*Don't* fail to detail some one to wipe your face during a long and laborious operation.

*Don't* cough or sneeze over the operative field; consequently the use of tobacco or the presence of a cuspidor should be forbidden in the operating room.

*Don't* fail, if possible, to have the patient bathed, and clothing changed, before an operation. When this is not possible, thoroughly cleanse the field, and never make or dress a wound where the surrounding parts have not been shaved thoroughly.

*Don't* allow any one to handle the field of operation, after the patient has been prepared, unless he is aseptic.

*Don't* allow visitors who are doubtful, *i. e.*, who are attending patients with gangrene, erysipelas, or puerperal fever, etc., unless they have taken all precautions.

*Don't* fail to have the field surrounded by warm sublimated towels.

—*Times and Register.*

SICK HEADACHE —A teaspoonful of finely powdered charcoal in half a glass of warm water gives marked relief, as it absorbs the gases produced by the fermentation of undigested food.



Prof. Bruiton is very specific in directing that a fracture of the radius and ulna be dressed with the hand midway between supination and pronation, and without a primary roller.—*Medical Age*.

Dr. H. Davis, in the *British Medical Journal*, reports cases of intussusception of the intestines cured by suspending the patient a few minutes by the legs. The traction caused by the weight of the viscera relieves.

COMMON SENSE.—“The common-sense doctor is willing to save life in any way. He acknowledges no boundaries, no sects, no school, but searches heaven and earth to find means to relieve suffering and cure disease.” He is the true Eclectic.

The Medical Society of South Carolina, the oldest organization of its kind in the United States, celebrated its centennial on December 9, 1889. It has had an eventful history, and has numbered among its members such famous men as J. Marion Sims and others.

ANTIPYRIN, ANTIFEBRIN, AND PHENACETIN AS ANTIPYRETICS.—Surgeon-Major A. Combie, of Calcutta, in his chemical notes of intermittent enteric, and simple continued fevers, and acute tuberculous pneumonia, maintains that in heat-apoplexy, sunstroke, and hyperpyrexia generally, antipyrin is indicated. In temperatures of 103° to 105° antifebrin or phenacetin; in temperatures below 103° the preference should be given to phenacetin.—*Therapeutic Gazette*.

PINE-APPLE AS AN EXPECTORANT.—A pleasant and very excellent expectorant in chronic bronchial catarrh where expectoration becomes difficult, is prepared by slicing the fruit and covering the fruit thus prepared with granulated sugar. Close the vessel and immerse in water which is gradually brought to a boiling point and left there for a few minutes. The juice may then be poured into smaller bottles and kept for sometime. The daily dose is from eight to ten teaspoonfuls.—*Lyon Medicale*.

INCOMPATIBILITY OF ANTIPYRIN AND CHLORAL.—M. Blainville, a pharmacist of Paris, was called upon to put up a prescription containing sixty grains of antipyrin and seventy-five grains of chloral in half an ounce of water. An oily precipitate was immediately thrown down which resembled neither chloral nor antipyrin in taste, but recalled somewhat that of coriander seed. A mixture of antipyrin and quinine is also incompatible, both substances being at once precipitated from the solution.—*Medical Record*.



Beware of a pain boring like a gimlet ; it is a sure sign of some malignancy.

When you find breast troubles, never forget to examine the uterus.—*Prof. Biggar, Cleveland.*

*Lilium tig.* is one of our best remedies for mental disturbances in women troubled with uterine affections.

Dr. J. L. Coombs, of Grass Valley, speaks in the highest terms of *eupatorium per.* in the treatment of la grippe.

*Belladonna* and *gelsemium* are the two leading remedies in sphincter troubles ; *belladonna* for the rectum and *gelsemium* for the bladder.

Dr. S. Jones recommends *sanguinaria* for cough—even of long standing *with hectic flush* and *dryness of throat*. Continue its use for two or three weeks.

*Gelsemium* is a valuable remedy in cases of pneumonia where the temperature is high, the pupils contracted and the breathing powers good. When the pupils are dilated, the pulse soft, quick and very small, *never give gelsemium.*

Prof. Wood, of Chicago, says : “ With me, the muriate of iron 3x has become a standard remedy in the treatment of girls with arrested menstruation, and of boys with tendency to seminal emissions or copious urination at the age of puberty.”

Dr. King, an American lady, who is physician to a family at Shanghai, has increased her reputation there by successfully performing a delicate operation. She has been consulted privately by the dowager Empress, who has had pulmonary tuberculosis.

BEE STINGS.—Dr. Fraser says : With thirty years experience I can say that a small amount of oil of cinnamon, applied with a small straw, end of knitting needle or small splinter, is worth more than all the alkalies you may use. Use but a little, for it will blister.—*Medical Brief.*

NITRO-GLYCERINE IN HEART FAILURE.—Dr. Firnell reports three cases of heart failure where hypodermic injection of two drops of one per cent solution of glonoin (nitro-glycerine) was used, and says : “ One who has seen cases of heart failure treated in the usual way can have no conception of the brilliant results which may be obtained from this agent.—*N. E. Medical Monthly.*”



One drop of a one per cent nitro-glycerine, three times daily, relieved a patient of albuminuria in a few days.

Dr. Mitchell recommends the use, in corneal and conjunctival ulcers, of five per cent solution of cocaine in castor oil. The solution is effected by gentle heat.

INTERMITTENT PULSE.—An intermittent pulse may be sometimes met with in fat persons. Kisch says it is due to the excessive deposit of fat around the cardiac ganglia, which causes pressure upon them, the heart muscles escaping all damage. Irregularity of the heart's action is an ominous symptom of cardiac debility and total erythema is a symptom of far advanced muscle degeneration. —*Medical Brief.*

CHILLING THE FEET AND ITS CONSEQUENCES.—To the imprudent act of getting out of bed without protecting the feet—one so commonly committed by women without thought of consequences—may be traced many attacks of cellulitis, brought on by the sudden though momentary exposure of the feet to cold. It has caused more diseases to women previously healthy than could result from any other single act of imprudence.

NAUSEA AND RETCHING.—Hot black coffee will frequently quiet nausea and retching after other remedies have failed. Put a mustard leaf over the stomach, have the patient lie perfectly quiet until it begins to burn quite sharply. When this occurs give a sip or two of strong, hot black coffee. Remove the sinapism and in a few moments give another sip of coffee. If there is a tendency of return of nausea replace the mustard leaf.

A NEW CARDIAC REMEDY.—The alkaloid discovered in the common gorse, "wheir" or furze of Europe (*Ulex Europæa*) termed ulexine, first mentioned in Notes on New Remedies, July, 1888, is of a most powerful character. It appears to arrest all voluntary movements and reflexes by paralyzing the motor tract of the spinal cord and the trunks of the motor nerves. The heart muscle is paralyzed, though preliminary thereto there is an increase of arterial pressure. It possesses a diuretic action similar to that of caffeine, but more definitely marked. The dose of ulexine varies from 1-20 to 1-10 grain. The liquor, *ulex diureticus*, is the only preparation to be had so far.



Miss Edith Ward is the first lady Fellow of the Royal College of Surgeons in Ireland.

Specialists in nerve troubles say that so many so-called nervous diseases are but manifestations of slow lead poisoning.

For packing goods, etc., the French prohibit the use of tin foil which contains more than five per cent. of lead.—*Times and Register*.

*Worry* is a foe which, after it has slain its victim, is known by the name of heart disease, apoplexy, consumption, or some other familiar title.

Acute inflammation of the bladder is immediately relieved by infusion uva ursi  $\mathfrak{z}$ iv, bicarbonate of soda gr. x, repeated every two hours.—*Times and Register*.

*Menthol* for pruritus is superior to carbolic or salicylic solution in alcohol, a solution of three to six per cent. A lanolin salve acts well in pruritus senilis.—*Thera. Monatshefte*.

Hypodermic injections of citric acid (saturated solutions) have been successful in the extirpation of malignant tumors. The acid being antagonistic to diseased tissue, but innocuous to healthy cells.

Prof. Da Costa prescribed the cocaine hydrochlor.; 1-6 gr. before taking milk which had added to it ten drops of aromatic spirits of ammonia to each pint, as a palliative treatment for cancer of the stomach, or the inability to retain food.

A bill is soon to be introduced into the New Jersey Legislature to suppress medical frauds, requiring the filing of certificates by physicians in the County Courts, and an examination before the State boards, regardless of the possession of a diploma. (A pertinent question is, who compose the *examining board*, physicians or allo-paths?)

AFTER-PAINS.—In severe after-pains, with great distress, pain in the back, and pain down the anterior parts of the thighs, give tincture of xanthoxylum in small doses frequently repeated. Convallaramin may be substituted for digitalis where the latter causes intestinal irritation. The indication for atropia in epilepsy is in those cases characterized by depression; in the opposite condition the bromides are indicated.—*Prof. Bartholow*.



Pomboland is the name of a plant found in Mexico, the root of which is said to contain a substance analogous to, but more powerful than, quinine in its anti-periodic action. It has been found to cure rebellious intermittent fevers that had resisted the action of quinine.—*N. Y. Medical Record*.

ANTIFEBRIN IN SORE THROAT.—Dr. W. Sahl, of Langenthal, highly recommends the use of antifebrin in the dose of from three to seven grains three times a day in diphtheria and in scarlatinal and other forms of sore throat. The drug has not any marked influence on the course of the disease, but it rapidly (in about fifteen minutes) and completely removes such subjective symptoms as painful swallowing and mastication, faucial soreness, headache, etc. It may be given either in powder or in mixture with alcohol and syrup. The latter form is useful in children.

HYOSCYAMUS AS A HYPNOTIC.—Dr. A. A. West writes: I know of no agent so valuable as a hypnotic as the remedy in small doses. I have used it for ten years. It is my "soothing syrup" for the babies; I use no other. I give one-third of a drop of the fluid extract every twenty-five minutes to a three months' old baby, in an hour or two it will be sleeping quietly. It is excellent in the restlessness of hysterical women and nervous old ladies. It may be given one-third to two-thirds of a drop at a dose, frequently repeated, and it never does harm and nearly always highly beneficial.—*Chicago Medical News*.

DIET OF STRONG MEN.—The Roman soldiers who built such wonderful roads, and carried a weight of armor and baggage that would crush the average farm hand, lived on coarse brown bread and sour wine. They were temperate in diet, and regular and constant in exercise. The Spanish peasant works every day and dances half the night, yet eats only his black bread, onion and watermelon. The Smyrna porter eats only a little fruit, and sometimes olives, yet he walks off with his load of a hundred pounds. The Coolie, fed on rice, is more active, and can do more work than the Negro fed on fat meats.—*Ex.*

L. G. Doane, M. D., New York City, says: Two kinds of success attend the medical—success in healing the sick and success in gaining money. You will seldom find the two kinds of success as a rule; physicians who make money rapidly have little time for self-



improvement and those having the greatest number of patients a day must neglect some of them, and by so doing enable disease to advance. A physician having twenty patients a day, with ten hours of office practice, cannot do justice to each one. The physician with a few patients can and does do better than one having too many. How very natural it is to prefer the second class.

Campbell, in his paper on Bacterial Poisoning Through Medicine, cites a case in which the mixture of quinine and whisky had been kept a month before being used. It produced such marked toxic symptoms that the druggist was charged with having made a mistake. Examination showed in the bottle a sediment compound almost entirely of micro-organism. No other cause for sickness could be detected by analysis.—*American Journal of Pharmacy*.

It is hard for medical students to realize that they cannot understand hygiene, forensic medicine, pharmacology and toxicology without a rigorous drill in chemistry; that they must know physics to understand the diagnostic and therapeutic use of electricity, ophthalmology, otology, the mechanism of the bones, muscles, circulation, etc.; that zoology is needed to teach sound philosophic thought, generic facts about the laws of life, health, reproduction and disease. These, and sometimes also sciences like mineralogy, anthropology and psychology, are required in Europe, with much more rigor than is common with us, of every medical student. Thus doctors, like technologists, cannot know too much pure science. An eminent practitioner in Europe compares young physicians, who slight the basal sciences of their profession and pass on to the clinical, therapeutical and practical part, to young men who grow prematurely old and sterile.—*Mr. J. Stanley Hall; Journal of the American Medical Association*.



## GLONIN IN NEPHRITIS.

BY CYRUS M. BABCOCK, M. D., BUFFALO.

Martha L., five years of age, had scarlet fever. About two weeks after symptoms of acute albumenuria developed. It was a severe case, with a large percentage of albumen, feet, limbs, abdomen, and face much swollen, urine scanty, etc.

During the treatment other remedies were prescribed, but there was no diminution in quantity of albumen until glonoin was given. After this the case went on to rapid recovery.

Mr. B., aged thirty, a strong, healthy man, consulted me on account of sciatica, for which I prescribed.

A few days afterward, as he was not much better, a friend advised him to try a hot alkaline bath, which he did in the morning. He went out afterward, and stood some time in a cold, draughty place. At night he had a chill, and was ceased with a dull aching in the loins; his urine became scanty and thick, and he had to get up very often to micturate. The next day I was called and found him suffering from acute nephritis.

He was only passing one pint of urine in twenty-four hours, which was thick and smoky, and had a specific gravity of 1028. On boiling it almost became solid. After treating him for eleven days without much improvement, I began with one per cent. solution of nitroglycerine in one minim doses, every four hours, which soon produced great throbbing in the head.

This treatment was begun on Monday morning. The urine passed during the previous twenty-four hours was one pint, which had a specific gravity of 1027, and was loaded with blood. On Tuesday the amount of urine for twenty-four hours was a pint and three-quarters, with a specific gravity of 1020, less blood and less albumen. From this time he made a rapid recovery and was discharged cured in one week from the time of commencing the glonoin.

No relapse has occurred after eight months, and he claims to be perfectly well.



## CHLORATE OF POTASH IN PUERPERAL DISEASES

Is indicated by a peculiar fetor, like an offensive lochia or a cynanche maligna.

During the first week after child-birth, the physician notices a bad odor as he comes into the room, and he finds his patient has been chilly and is now somewhat feverish. It is not marked, and he gives it no attention, but when he calls again or is sent for the odor is exceedingly bad, and the patient is quite sick.

For this condition we prescribe a saturated solution of chlorate of potash, a teaspoonful every two hours; there is improvement in a short time, and in a couple of days the fetor is gone.

A grave case of puerperal septicæmia may begin in this way, and I am persuaded that we may arrest many cases if the remedy is administered when the fetor first shows itself. Of course we are not prevented from giving the proper sedative or other indicated remedy. A woman has been delivered safely and the placenta follows in due time, but despite good management a small portion is caught by the os and remains in the uterus, or a shred of the membranes may be caught and retained in the same way. *Here is the place for Chlorate of Potash.*

A woman has had a miscarriage or abortion; the foetus has escaped, but the placenta will not come, and the physician does not get it. What shall be done? We answer, get it but in case it is not removed, chlorate of potash is the antiseptic to protect the patient against the absorption of effete material.

We have used bicarbonate of soda for the last four years with marked success in tonsillitis.

In every case except one, the inflammation was arrested in forty-eight hours.

The special indication of this remedy in tonsillitis is the rheumatic basis. When there is an excess of uric acid in the urine, together with a thick, pasty coating upon the tongue, the fauces covered with a tenacious, colorless mucus, the tonsils very much swollen, and stiffness of the muscles of the neck and mouth, bicarb soda is *the remedy to use.*

Phytolacca decandra is especially indicated in enlargement of lymphatic glands, no matter what may be the pathological condition producing the enlargement.



Carbo-ligni (wood-charcoal) in hemorrhage of the bowels is a most potent remedy. Used in enemata 3 to 3 ij finely powdered to four ounces of water and thrown into the rectum, it will check the severe hemorrhage which sometimes occurs during thphoid fever.

Apocynum cannab, is a true specific for that atonic condition of the blood-vessels that permits exudation and dropsy.

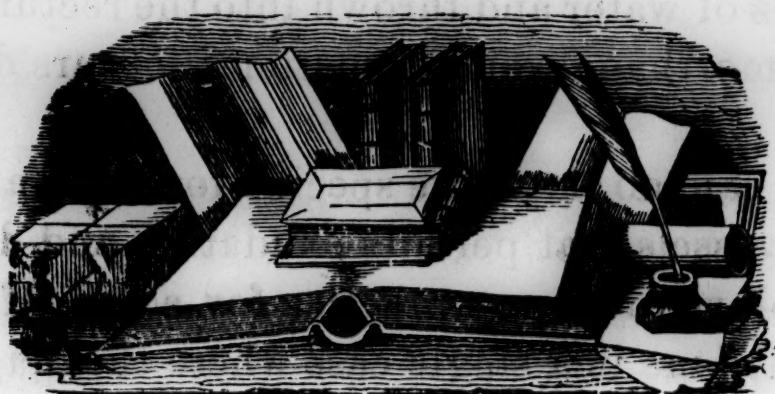
I have employed it in my practice for some fifteen years, and it has not failed me in a single case where the diagnosis was well made. It is a positive remedy for dropsy, whether it takes the form of œdema, anasarca, or dropsy of the serous cavities, where there is no obstruction to the circulation and no febrile action.

We would not expect it to effect a cure in a dropsy from heart-disease, or ascites from structural disease of the liver; neither would, we where there was a frequent hard pulse, and other evidences of febrile action.

Still, in these cases if we can partially remove the obstructions, in the first case, and arrest the febrile action in the second, the apocynum will remove the serous effusion.

—*Physicians and Surgeons Monthly.*





## EDITORIAL.

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**The Therapeutics of the New Formations.**—In a work on therapeutics by the editor now in process of preparation will be found the following, written a year ago :

“It might be considered a question whether this subject is of sufficient importance to justify its notice in a work on therapeutics. However, the fact that new growths in some instances can be influenced by remedies through the circulation is generally recognized and, possibly, when studied more carefully, the subject may be made worthier a place in the therapeutics of the future.

There is possibly a class of new formations which are so near normal tissues in their structure and place of development, that drugs may be made to exert an affinity for them, while in another instance the growth may be developed under such abnormal conditions that drug affinity cannot produce any effect upon it.

Take for instance enchondroma: We have here a growth histologically resembling cartilage and following the same developmental course, originating either from connective tissue or bone, its connection and evolution then, in a certain respect, coinciding with those of normal cartilaginous tissue. And there is so close a relation between this growth and normal cartilage, that drugs that manifest an affinity for the latter tissue might reasonably be expected to manifest a like affinity for the morbid development.

We are credibly informed that silica possesses the power of arresting the development of enchondromata, and, while I have never proven the matter in practice the prompt action of this agent upon true cartilage seems to me to justify the belief that such statement may be correct. Excessive development of the epithelium of the sebaceous follicles, in the form of verrucæ (warts), is another example where drugs, through the circulation have been known to perform a cure. Here, also, there is such a close connection between normal tissue and morbid development that the histo-



logical elements retain a certain normal selective power, perhaps, and are therefore amenable to the influence of such agents as thuja and magnesium sulphate—drugs which have been known to effect the removal of such growths, when administered internally.

But take such a growth as a dermoid cyst—a morbid development of the ovary, apparently, yet one containing the histological elements of the true skin, in its composition of cells of corium and epidermis, containing sebaceous and hair follicles and sweat glands, as well perhaps as teeth. Here we have a transplanted tissue developing in a field isolated from its normal position, the result, perhaps, of aberrant cells from the epiblast, lost during early embryonic development, so far removed from their normal position that drug affinity through vasomotor or trophic centers evidently could not exist, nor could the attraction ordinarily believed to be exerted between normal histological elements and drugs be expected to remain with them after removal to so remote a field from the mother soil.

Cancer, also, probably the result of accidental transplantation of epithelial cells to that hot-bed of cell proliferation, connective tissue, affords another example where little if any drug affinity could be expected to exist, if we accept the proposition that the underlying principle of drug affinity is that the attraction must always be between healthy parts and specified drugs, and that in disease the same drugs act upon the normal elements, instead of selecting parts because of morbid changes.

Dr. Cutter has proposed, probably, the best cure for cancer—that of starvation; otherwise a diet consisting of one article of food, lean beef, which means only the consumption of barely enough to sustain life. Here the power of the normal elements to appropriate what is needed robs the exuberant growth that is rapidly developing and closing up the avenues of life of needed nourishment, and arrest of its progress results. Such a growth is isolated biologically, from any base of operation by which a tissue remedy can exert an influence upon it, for though it is a tissue of normal resemblances, in some respects, it is growing out of place.

It seems to me that the physiological action of drugs limits their capacity to exert effects in disease. In other words, any agent capable of acting as a remedy must possess the power of specifically influencing, either through vasomotor centers or direct action on the tissues themselves, the circulation of a given part, or through trophic nerve centers its nutrition, or by specific affinity for the cells themselves, the plastic power presiding over them.

When new growths are not isolated from the normal tissues from which they originate, but are histologically modified parts of them, or are intimately related, we may reasonably expect the tissue affinities of drugs to be exerted upon them; but when tissue grows out of place, has been transplanted, or develops an entirely new character, it is reasonable to suppose that the intimate relation-



ship which exists between all normal tissues has been severed, and the knife or other destructive means outside the field of therapeutics becomes the only reliable means of removal.

Within the past month a little boy was brought to the office of the writer who was literally covered with warts. His face, his hands—in fact his entire body was dotted with thousands of these growths, and the father who brought him naturally desired their removal very much.

For this purpose the following prescriptions were made:

No. 1.—R Magnesium sulphate..... ℥i  
Aqua ad q. s..... ℥vi  
S.—Take a teaspoonful four times daily.

No. 2.—R Thuja Occidentalis..... gtt xx  
Glycerine..... ℥iss  
Aqua ad q. s..... ℥vi

S.—Take a teaspoonful four times daily in alternation with No. 1.

Within three weeks from this time the boy was brought to the office, with a cough to be prescribed for, and every vestige of the warty excrescences was gone—certainly an unquestionable tribute to the influence of internal remedies upon new growths.

In the JOURNAL for last August Dr. Fearn reported a somewhat similar case, though in this it seems that the warts were confined to the scalp, and were not the ordinary verrucae, but were more or less flattened like tags. Many of the ordinary remedies used locally for the destruction of warts were tried. The applications destroyed them, but in a surprisingly short space of time these tags were reproduced till the Doctor was much disheartened. Counsel was called but nothing new was elicited. Remembering the reputation sustained by magnesium sulphate he prescribed as follows:

R Mag. sulph. grs..... lxiv  
Comp syr. berberis aq..... ℥iv  
M. sig.—℥i four times a day.

This resulted in a speedy and permanent cure.

It might be objected that the above prescription contained too many ingredients to allow claims of specificity in the treatment, but certainly nothing in the mixture except the magnesium sulphate can be credited with any properties for such purpose. Therefore it ought to be given the credit of the cure.

THIS subject is one that Eclectic therapeutists may well give a little notice to, for even though the homeopaths have gleaned in the



field before us, there is no reason why we may not yet be able to teach them some wisdom even in this department. Let us be a little more liberal and enterprising and we shall be able to go further into this field than preceding explorers have shown the way.

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**New Remedies and New Uses for Old Ones.**—Dr. Waterhouse's article on gelsemium in last month's JOURNAL, teaches more than the lesson implied in its title. There is a mine of wealth in our old materia medica that will yet be developed in our time if we will it so, and if not, in that of our successors.

Our materia medica might be compared to the mining resources of California. In early times placer mines abounded, where the surface was bestrewn with golden nuggets easily stumbled upon, and almost every one who hunted found the yellow blessing in plentiful quantity. But after a time the soft snap was exhausted and mining was abandoned by many as a business of doubtful profit. But it is asserted that the greatest mineral wealth of the State still lies buried beneath the surface—imbedded in the quartz, it is true, but obtainable when properly sought.

So with our materia medica. The surface value only has yet been discovered and made avail of. The dynamical therapeutics of our indigenous materia medica—the property of effecting cures pleasantly and directly, without producing unpleasant drug action (specific medication), are yet in a state of infancy. It will require years yet of close observation and trial, before half of the therapeutic possibilities will be known. These come to the surface one by one like gems long sought for and but seldom discovered.

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**How It "Uster Was."**—The present editor is not responsible for all the wisdom that has embellished and enriched the editorial pages of the JOURNAL. It has been the stamping ground in time past of numerous original and forcible thinkers besides the present writer. (Please pardon the egotism.)

The present editor has been accused of transcendentalism, of visionary theories, and of being a writing-desk practitioner—all probably just accusations, but there are some heights of therapeutic



sublimity he has never attained. Apropos, let the following editorial entitled, "Veratrum Viride," found in the second volume, speak for itself :

"Though we do not favor the theory of giving a remedy for each symptom that presents itself in disease, we do favor the removal of a primary condition. It is known that opium will generally effect sleep, chloroform suspend animation, and that nitric acid will destroy tissue. It is not scientific to give belladonna for dilated pupil, aconite for a weak, slow pulse, sodæ sulphas for a certain tongue covered by a red or white coat, but to remove the great condition from which fifteen or twenty symptoms may arise should receive the approbation of every thinking physician.

"Veratrum viride is said to excite the mucous membrane and promote its secretions. It lessens the heart's action, and if used in a sufficient quantity entirely suspends its action. It has proved to be a very sufficient remedy in many surgical operations.

"In many cases already enumerated in this journal, where there was considerable mutilation of the part, extensive hemorrhage and a considerable shock to the nervous system, by the use of veratrum viride the temperature at no time increased more than one half degree, and the wounds invariably united by the first intention, leaving no scar.

"This remedy we would recommend in all cases which have tendencies towards a high grade of fever or during the absorption of putrid material.

And this is how it "uster was."

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**Silica in Suppuration of Bone.**—"A place for everything, and everything in its place." Eclectics area practical set of fellows as a rule—possibly so intensely practical that they sometimes permit prejudice to get the best of them, and condemn such a remedy as this without a hearing. Certainly this is so in some cases, for the writer was once there himself and knows how it is you know.

Homœopathy has its sensible successful men who apply their remedies in a practical manner. It also has a large quota of moss-backs, old-hen men who would follow Hahnemann through his dotage and frown upon a modern idea that conflicted with his teachings. Such men would medicate a patient affected with necrosis for years when a little sensible surgery would cure him in a few days. Such men have brought such remedies as silica into ridicule. We remem-



ber seeing a case of necrosis of the last phalanx of the forefinger medicated thus in a homœopathic dispensary once for several weeks without benefit, when the case was presented to the professor of surgery who slit open the overlying soft parts, reached in with a pair of forceps and dragged out the dead and decaying phalanx—sequel to a Whitlow. The following week the patient presented a stubby finger completely healed.

But there are places where silica can render important service. The writer was once called to a case of suppuration of the middle ear that had been syringed, politzerized, sprayed and powdered by an aurist for months with but temporary benefit, which recovered in a little more than a fortnight under silica and calcium sulphide in alternation.

A recent case of suppuration of the middle ear where the mastoid cells seem involved, and where the symptoms had assumed a grave character, has been suggestive of these remarks. Dr. Cornwall was called to see it, and, unlike many specialists of the kind, suggested the possibility of therapeutic aid to local measures. Silica had been overlooked here, but was immediately administered with undoubted benefit—a very grave case has assumed more hopeful aspects under the new regime.

When a bone outside the province of surgery is undergoing suppuration it is rational and scientific to administer an agent which promises to favorably influence its recuperative force—its plastic power. We have used the XXX trituration.

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**Nondescript will do Considering the Source.**—The *Times and Register*, hailing from Philadelphia, loftily observes:

In some western city hospital—our elusive memory fails to tell us where—we noticed that the problem of medical attendance had been neatly solved by the appointment of a staff consisting of so many regulars, a certain ratio of homœopaths, and a few nondescripts called eclectics. The helpless patients are to be parceled out as per the fraction of the whole which each set represents. If this sort of thing continue, the problem of appointing the staff and awarding the patients will become more difficult than the celebrated one of the three bodies. As time goes on and new “schools” arise with their various adherents, each insisting on mathematical representation, what is to prevent the addition to the staff of a cold-water hydrotherapist, a hot-water hydrotherapist, a Christian scient-



ist, a "yarb" doctor, an Indian "medicine man," an African hoodoo, and a dozen others of whom the fertile mind of man has not yet conceived? Future census takers will have among their questions, "To what medical school do you belong?" and candidates for city offices will have to undergo rigid examinations in the higher mathematics, such as trigonometry, analytical geometry, and calculus, in order to discover whether they have qualifications sufficient to enable them to appoint medical staffs that shall have a composition in strict accord with the census returns from the particular district in which the beneficent institution is situated.

It is impossible for old-school medicine to imbibe an American idea. Evidently there are those supporting this hospital who employ Homœopaths and Eclectics, or these physicians would not be considered worthy of recognition by the appointing powers. The principle that taxpayers should be entitled to representation was the first one which operated to establish the present government. Yet our regular friends whine every time the principle operates in medical appointments.

If we recollect aright the Philadelphia delegation of "regulars" met something of a Waterloo in the Legislature of Pennsylvania about one year ago, in which the "nondescripts called eclectics" were somewhat prominently concerned. Possibly there may have been a "few" of them there, but they succeeded in keeping the American idea before the minds of the legislators all the same. It is hoped that a "few" of the "nondescripts" of Pennsylvania will remain in training for another campaign, for a snake is never dead when it can wriggle its tail.

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**Quebracho in Dyspnœa.**—The recent epidemic of cough has afforded a number of cases in which quebracho has proven an excellent resource. It is not a remedy for asthma in its pure form, but in those cases in which there is want of compensation between the cardiac and pulmonary circulation it affords good satisfaction.

This quality renders the agent valuable in both pulmonary and cardiac diseases, and places it in both lists of remedies as an available agent where a stimulant to the excito-motor nerve filaments distributed to these parts.

Advanced stages of bronchitis in debilitated patients often present us with the quebracho picture. There is labored sighing,



respiration or a sense of suffocation is complained of, and we find, upon examination, that this is associated with a feeble systolic impulse, as evidenced by the soft compressible pulse or by cardiac auscultation.

As an asthma remedy where a stimulant to the pneumogastric is required, it often serves a good purpose.

We have found that repetition is an effective teacher. A single mention of a given lesson produces but slight impression, but repeated notice of it so thoroughly impresses it that in time it becomes a common-place matter to apply it in every appropriate place. Quebracho has been mentioned many times heretofore in the JOURNAL, but has not received any notice in this season of frequent need for it—therefore these remarks.

The minimum effective dose of this agent is not known to the writer. It does good work in fifteen-drop doses of the fluid extract, but is exceedingly nauseous in such quantities, even when well diluted.

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**Erysipelas—Iron In.**—The fashion of iron in erysipelas has become so confirmed that it seems a difficult one to break over. Once iron was our only remedy for this disease, and it possibly was better than none, but we now possess so much better means that it seems strange that writers will refer to old an and feeble agent in this respect so often and so confidently.

In our opinion iron is a remedy of but little value in erysipelas. It must be used a long time before benefit follows, and then the powers of nature are more to be credited probably than the ferruginous agent.

We have repeatedly confirmed this conclusion and cannot but believe that Eclectics are not rational, as they would have the world suppose them, when they devote time and space in lauding ferrum in erysipelas.

Not long ago we were put to task to bring a stubborn case of erysipelas to an end. Jaborandi and echinacea would relieve the active symptoms, the burning, swelling and redness passing away under their influence, but upon a cessation of the use of these remedies a relapse would follow, and this was repeated several times. Iron was now resorted to, though with the honest conviction that it



would prove a failure, and after two weeks of its use the patient's condition, being in the interval reported, was found worse than before it was begun. Jaborandi and echinacea were again resorted to and soon a better state of things was established. Syrup of hydriodic acid was now resorted to as an inter-current remedy and convalescence was slowly established.

We are not appreciative enough to find much value in iron in erysipelas. The theory deserves to be exploded.

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## EDITORIAL NOTES.

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DR. HANNAH SCOTT TURNER has afforded valuable assistance to the JOURNAL in the past year by condensing the most important propositions of the current medical literature from our exchanges. We hope for a continuation of this favor in coming time.

THE change in publishers should be noted by our subscribers. The editor does not wish to be overstocked with money for subscriptions. Send all money for this purpose to the publisher. Contributions and correspondence pertaining to the journal proper should be sent to the editor. All business management, advertising, mailing, subscriptions, etc., will be attended to by the publisher.

THE JOURNAL has long labored in an isolated field, and has not received the full meed of recognition at the hands of the Eclectics of the United States that its merit demands. It has never been a servile follower in the field of journalism. It has had opinions of its own and has advanced them without fear or favor. This policy is now being appreciated and our list of subscribers grows accordingly. We are adding many subscribers from every part of the Union to our list annually, and the cry is, "Still they come."

THE May number of the JOURNAL will probably contain a biographical sketch of Dr. J. H. Bundy, deceased, accompanied by a reproduction of a very life-like photograph to be furnished by Mrs. Bundy, who still resides in Oakland. This will contribute much to the interest of the number containing it—the May number, as already



remarked, if possible, if not, the June issue. Following upon this we hope to present the portraits of a number of the Eclectic notables of the Pacific Coast within the coming year.

ALLOPATHIC DOSAGE.—Dr. T. L. L. Lallerstedt, Panola, Ga., writes: I have been using *gelsemium sempervirens* for the last seventeen years, and have given as much as 125 minims of fluid extract without the least bad effect. I give it to infants and in old age, and for things too numerous to mention at this time. The reason that most physicians do not get any better results from *gelsemium* is that it is not pushed far enough. We frequently give 40 minims for sick headache combined with 60 grains bromide of potassium inside of an hour.

THE editor has been appointed to make the report of the status of Eclectic medicine in California to the National for the present year; and as this ought to come before our readers, many, in fact nearly all, of whom are not members, it will be published next month as an original communication. We desire our readers to know what is going on in the outside world where they are concerned, but would prefer to have all of them join the National. Every member of the State society should have his name in the list of members of this body. It is not too late yet to join this year.

DR. ROBERT NEWMAN, of New York, has arranged a European excursion for the members of the American Medical Association, so that a visit to the International may or may not be blended with a brief tour of notable places on the Eastern continent. With twelve thousand Eclectics in the United States it seems as though there might be an "irregular" crowd rallied by some enterprising Knickerbocker. However, when we come to think about it, Eclectic enterprise in the Empire State only comes to the surface spasmodically and at long intervals. Apropos, two Eclectic medical journals now demand recognition from New York, viz: the *Eclectic Review* and the *Medical Tribune* (*rifacimento*). May they be blessed with steadfastness and prosperity.

Some one with much leisure time and a liking for the odd has conceived the idea of making a calculation of the number of inhabitants of this little planet, our present home, since "God created man in his own image, both male and female; He created them." The number of inhabitants at the present time is estimated at



1,400,000,000. The average length of life is taken as fifty years. In Bible times, if ages were counted as now, the length was greater than in the present time; we know the average age falls much below this now. However, allowing fifty years as the average time between entrance and exit we have an average 900,000,000 inhabitants on the globe at one time, and each century gives us two generations of 900,000,000 for the past 6,000 years. Taking this as a fact, we find that about 66,627,843,237,075,266 souls have at some time visited our earthly habitation since the time the All-wise declared "it is not good for man to be alone." Taking this approximation, it is evident that this earth is but a vast cemetery, each rod has afforded 1,283 human beings a final resting place. As the space of a rod has been found scarcely adequate for the demands, it has been found necessary to give each grave 129 inmates, and did all people bury as we do it must necessitate the digging of the ground 120 times. (Instead of all this digging we would suggest a crematory.)

ONE peculiarity of Eclecticism in medicine is, that every individual member prefers his own definition of the term to any other. This is Eclecticism with a vengeance, but it is Eclecticism all the same.

FROM a private letter from J. A. Munk, M. D., of Topeka, Kan., we learn that he contemplates locating in Los Angeles at no great future time for the treatment of chronic diseases. The Doctor remarks: "I am so much pleased with the life and climate on the Pacific Coast that I can no longer resist the temptation to enjoy them by a residence there." He has made an annual visit to this State for several years past.

THE medical monopoly bill referred to in the February JOURNAL and which was passed by the Legislature of Washington, has been vetoed by Governor Ferry in a very able veto message, which all our readers should peruse. Says the *Tacoma Ledger*: "It is a very strong and clear presentation of the constitutional law which it is little to the credit of the Legislature to have evoked in this form. Governor Ferry has strengthened himself with the people by this act, and we trust that he has also inspired the Legislature with greater respect for his learning, ability and fidelity to the fundamental principles of republicanism." Thus again fails a conspiracy against popular rights. But no credit to a people's choice of lawmakers.



**Obituary—Died—**On March 4, 1890, Dr. Jennie P. Webb.

There was an autopsy held, which revealed as the cause of death a sarcomatous tumor in the base of the brain.

The name of Dr. Webb is familiar to all who know anything of the history of California Medical College. Eleven years ago the husband of deceased—Dr. Webb—founded the college, and two years later died, leaving his work, upon which he had set his heart and founded his hopes of achievement, in its infant struggles. The subject of our sketch, who was so greatly in sympathy, took up the study of medicine, the better to assist the faculty in the furthering of what her husband had so valiantly begun. She possessed rare medical and business capabilities and had she begun earlier, or had she been spared later in good health her achievements would have been great in the profession of one of her sex. She was a brave and generous woman who was governed little by public opinion in her acts, which were without fear of censure or desire for praise. Being an agnostic in religion she had no expectation of reward after death, but acted from the natural promptings of her heart.

It is thought the highest aim of woman should be to be a good wife and mother, and this she was, but when death took the protecting care of her husband from her she heroically and ably assumed the sterner duties belonging to him. Being intimately associated with her, socially and in business for years, we learned to prize her for her many sterling virtues. The unwelcome visitor, death, has come and summoned her from among us to the land of "Leal," but her memory will be cherished so long as we who knew her shall live.

F. CORNWALL.

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ON account of change of publishers and removal of JOURNAL to San Francisco, the present number has been very much delayed. This has been much against the wishes of both editor and publisher. Having once begun with the new regime, we hope to have each issue out promptly with the beginning of the month, after a few numbers have appeared. Should our contributors find themselves misrepresented in any manner this month, it is hoped they will be lenient, considering the embarrassments of the occasion.



THE Goodyear Rubber Company furnish a large list of indispensable physicians' supplies. We call the readers' attention to the advertisement of the San Francisco branch of this firm in the present number.

P. BLAKISTON, SON & Co., Philadelphia, will publish about March 15th, a new Medical Dictionary, by GEORGE M. GOULD, A. B., M. D. It will be a compact one volume book, containing several thousand new words and definitions, collected from recent medical literature, while the total number of words is beyond that in any similar book. It includes also elaborate and useful tables of the Bacilli, Leucomaines, Ptomaines Micrococci, etc., of the Arteries, Nerves, etc., and of the Mineral Springs of the U. S., together with other collateral information.

THERE is no remedy better known than Tarrant's Seltzer Aperient which can be profitably used in all conditions where alkaline medicines are indicated. In addition to its aperient and antacid qualities it is an admirable vehicle for the administration of the salicylates, Lithia Salts and Tincture of Iron. Its pleasant taste and gentle action renders it a very desirable remedy in the treatment of women and children.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index for 1890. Edited by P. W. Williams, M. D., Secretary of Staff, assisted by a corps of thirty-six collaborators—European and American—specialists in their several departments. 600 octavo pages. Illustrated, \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The eighth yearly issue of this handy reference one-volume manual is at hand. In its Alphabetical Index of New Remedies and its Dictionary of New Treatment it richly deserves and perpetuates the well-earned reputation of its predecessors. In this volume its corps of department editors has been largely increased, and important papers upon Thermo-Therapeutics, Electro-Therapeutics, Sanitary Science in city and country, and the Medical Examiner in Life Insurance are features of special interest. It is truly a helpful volume, a *resume* of the years progress in medicine, keeping the busy practitioner abreast of the times with reference to the medical literature of the world. While there is a generous increase in size and material, the price remains the same, \$2.75.